



## **CNYCC Project 2biv Agreement “Care Transitions”**

This project agreement (“Agreement”) is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2016 (“Effective Date”) by and between Central New York Care Collaborative, Inc. (“CNYCC”), a New York not-for-profit corporation, located 109 Otisco St. 2<sup>nd</sup> Floor Syracuse, NY 13204 and \_\_\_\_\_, (“Project Participant”) located at \_\_\_\_\_. Each may be referred to as a “Party” or collectively as the “Parties.”

### **Recitals**

A. The New York State Department of Health (DOH) has: (i) approved the CNYCC Project Plan submitted to form a Performing Provider System (PPS) under the New York State Delivery System Reform Incentive Payment Program (DSRIP) to serve individuals enrolled in Medicaid and uninsured individuals in the counties of Cayuga, Lewis, Madison, Oneida, Onondaga and Oswego (CNYCC Region) and (ii) designated CNYCC as the PPS Lead.

B. Among other projects, CNYCC has elected to undertake Project 2biv, also known as Care Transitions (“PPS Project”). Project Participant wishes to participate in the PPS Project and has agreed to collaborate with CNYCC and other providers in the CNYCC network (CNYCC Network) in order to implement the PPS Project.

C. The objective of PPS Project is provide a 30 day supported transition period after a hospitalization to ensure discharge directions are understood and implemented by the patients at high risk of readmission, particularly those with cardiac, renal, diabetes, respiratory and/or behavioral health disorders.

### **AGREEMENT**

In consideration of the forgoing, the mutual covenants contained herein and for purposes of furthering immediate implementation of the PPS Project, the Parties agree as follows:

### **ARTICLE I DEFINITIONS**

The terms used in this Agreement shall have the following meanings.

1. **“CMS”** means the Centers for Medicare and Medicaid Services.
2. **“Compliance Program”** means the program established by CNYCC to prevent, detect, and address compliance issues that arise with respect to PPS operations, projects or activities.
3. **“DSRIP Requirements”** means the requirements of DSRIP as set forth in DOH or CMS regulations, guidelines, and guidance statements, as amended from time to time



4. **“HIPAA”** means the Health Insurance Portability and Accountability Act of 1966, Public Law 104-191, as amended by the Health Insurance Technology for Economic Clinical Health Act (HITECH) and any regulations, rules, and guidance issued pursuant to HIPAA and the HITECH Act (collectively “HIPAA”).
5. **“Partner Organization Agreement”** means the agreement between CNYCC and participating Partner Organizations that sets forth the rights and obligations of the parties in relation to implementation of the CYNCC Project Plan.
6. **“Partner Organizations”** means the organizations that execute an agreement to participate in the PPS as a Partner Organization.
7. **“PPS”** has the meaning set forth in Recital A and includes the network of health care providers, community-based organizations, vendors, and state, county and municipal agencies that participate in PPS projects, operations, or activities to implement the CNYCC Project Plan and meet DSRIP goals.
8. **“PPS Policies and Procedures”** means policies and procedures duly adopted by CNYCC’s Board of Directors or governance committees of the Board of Directors, in accordance with CNYCC’s bylaws.
9. **“PHI”** means Protected Health Information as defined under HIPAA.
10. **“Project Protocols”** means protocols adopted by CNYCC to implement the PPS Project, as may be amended from time to time, and as developed by CNYCC in collaboration with Partner Organizations throughout the duration of the PPS Project.

## **ARTICLE II PROJECT IMPLEMENTATION AND REQUIREMENTS**

Section 2.1. CNYCC Obligations. CNYCC shall plan and manage the PPS Project, including but not limited to developing or identifying Project Protocols and evidence-based practice guidelines required for project implementation, tracking project performance, and reporting as required by DSRIP to DOH.

Section 2.2. Project Participant Obligations and Services. Project Participant shall:

- (a) Comply with PPS Project requirements, including but not limited to requirements set forth in: (i) this Agreement; and (ii) Project Protocols, as may be adopted and amended from time to time by CNYCC, except that Project Protocols shall not override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases;
- (b) Provide services to Medicaid beneficiaries and uninsured individuals or conduct activities to prepare for or undertake Project implementation (“Project Deliverables”) as set forth in Appendices to this Agreement. Such services or Activities shall be provided in accordance with generally accepted standards of practice for clinical services, if any, and in accordance with applicable federal, state, and local laws and regulation.



- (c) Participate in secure messaging and information exchange with CNYCC and other providers in the CNYCC network and exchange data, as required to implement the PPS Project;
- (d) Maintain information and data as required by CNYCC, including but not limited to the information and data elements listed in Appendix C, attached to this Agreement; and
- (f) Report information to CNYCC as required by the data reporting protocol set forth in Appendix C. Project Participant understands that CNYCC will rely on the information submitted by Project Participant in submitting reports to DOH and agrees that all data, reports and documentation submitted by Project Participant under this Agreement shall be accurate and complete.

### **ARTICLE III PAYMENT TERMS**

Section 3.1. CNYCC shall pay Project Participant for Project Deliverables and performance in accordance with the terms and conditions set forth in Appendix B to this Agreement. The payment terms set forth in Appendix B shall be subject to the contingencies for payment set forth in Section 4.3 of the Partner Organization Agreement.

### **ARTICLE IV PARTNER ORGANIZATION AGREEMENT**

Section 4.1. Partner Organization Agreement. The Parties have entered into a Partner Organization Agreement setting forth their respective rights and obligations in implementing the CNYCC Project Plan. This Agreement shall be interpreted and relied upon by the Parties as an addendum to the Partner Organization Agreement.

### **ARTICLE V TERM AND TERMINATION**

Section 5.1. Term. This Agreement shall terminate on March 31, 2020, unless the Agreement is terminated earlier in accordance with the provisions of this Article. The Parties may agree in writing to renew the Agreement for a specified time period.

Section 5.2. Termination by CNYCC. CNYCC may terminate this Agreement in the event that Project Participant breaches a material term of this Agreement and fails to cure such breach within thirty (30) days after receiving written notice from CNYCC specifying the nature of the breach (or such other longer cure period as CNYCC deems reasonable under the circumstances). In addition, CNYCC may terminate this Agreement upon twenty-four (24) hours' written notice to Project Participant if any license, certification or government approval of Project Participant material to its performance under this Agreement is suspended, terminated, revoked, or surrendered.



Section 5.3. Termination by Project Participant. Project Participant may terminate this Agreement in the event that CNYCC breaches a material term of this Agreement and fails to cure such breach within thirty (30) days after receiving written notice from Project Participant specifying the nature of the breach (or such other longer cure period as Project Participant deems reasonable under the circumstances). In addition, Project Participant may terminate this Agreement upon twenty-four (24) hours' written notice to CNYCC, if CNYCC is suspended or excluded from DSRIP or the New York State Medicaid Program.

## **ARTICLE VI DATA USE AND CONFIDENTIALITY**

Section 6.1. Business Associate Agreement. The Parties agree that in order to implement the PPS Project, they may need to exchange PHI. The Parties have entered into a Business Associate Agreement that covers the exchange of PHI that may occur pursuant to this Agreement, or shall enter into a Business Associate Agreement, as a condition of entering into this Agreement.

Section 6.2. Duty to Protect Confidential Medical Information. The Parties agree that they will only use and share PHI with one another and, as necessary, with other providers in the CNYCC Network in a manner consistent with: (i) HIPAA; (ii) all other applicable state and federal laws and regulations; (iii) DSRIP program guidance issued by DOH or CMS; (iv) the Business Associate Agreement entered into by the Parties; and (v) applicable PPS Policies and Procedures for the exchange of PHI and Medicaid Confidential Data. To the extent legally required, or required by PPS Policies and Procedures, Project Participant shall seek any necessary consent from Patients with respect to any data to be shared for DSRIP purposes.

Section 6.3. Other Confidential Information. The exchange of all other information defined as confidential in accordance with the Partner Organization Agreement shall be governed by Article XII of that agreement.

## **ARTICLE VII RECORD RETENTION**

Section 7.1. Obligation to Maintain Records. The Parties shall maintain and retain operational, financial, administrative, and medical records, and other documents related to the subject matter of this Agreement in accordance with applicable law, DSRIP Requirements, and Article XIII OF THE Partner Organization Agreement.

## **ARTICLE VIII DISPUTE RESOLUTION**

Section 8.1. Either Party may initiate the Dispute Resolution Process in relation to a disagreement between the Parties that arises from or is related to performance under this Agreement, provided that if a Party is served with notice of a breach under this Agreement by the other Party, the Party notified must initiate the Dispute Resolution Process with three (3) business days of receiving the notice of breach and shall participate in good faith in the Dispute Resolution Process to expedite a resolution to the dispute. Neither Party shall use the Dispute Resolution Process to delay or avoid performance or termination of this Agreement.



## **ARTICLE IX REPRESENTATIONS AND WARRANTIES**

Section 9.1. Section Representations and Warranties of CNYCC. CNYCC hereby represents and warrants to Project Participant that neither CNYCC, nor any of its employees, agents, or contractors who will perform services pursuant to this Agreement, are excluded from participation in Medicare or Medicaid or any other federal or state health insurance program.

Section 9.2. Representations and Warranties of Project Participant. Project Participant hereby represents and warrants to CNYCC that:

- (a) Neither Project Participant nor any of its subsidiaries, parent entities, employees, agents, or contractors are excluded from participation in the Medicare or Medicaid programs or any other federal or state health insurance program; and
- (b) Project Participant's ability to provide health care services in New York State or any other jurisdiction is not now revoked, limited, suspended, or otherwise restricted in any manner.

## **ARTICLE X INDEPENDENT CONTRACTORS**

CNYCC and Project Participant understand and agree that the Parties intend to act and perform their respective obligations under this Agreement and DSRIP as independent contractors and that neither CNYCC nor Project Participant is an employee, partner, or joint venture of the other.

## **ARTICLE XI LEGAL COMPLIANCE**

Section 11.1. Compliance with Laws and Policies. In carrying out the terms of this Agreement, both Parties shall comply with all applicable federal, state and local laws, regulations and rules, DSRIP Requirements, and the CNYCC Compliance Program.

## **ARTICLE XII INDEMNIFICATION AND LIMITATION OF LIABILITY**

Section 12.1. Indemnification. Each Party agrees to indemnify the other Party and its officers, directors, employees, agents, and subsidiaries for any and all claims, losses, liabilities, costs and expenses, including reasonable attorneys' fees and costs, arising from third party claims or government enforcement action asserted or incurred in connection with the indemnifying Party's: (a) failure to perform its obligations under this Agreement; (b) willful misconduct or negligent acts or omissions in carrying out services and obligations under this Agreement; or (c) the Party's violation of any law, statute, regulation, rule or standard of care. This indemnification obligation shall survive the termination of this Agreement. Neither Party shall indemnify the other Party for the negligent acts or omissions of any other Partner Organization or any other third party.



**ARTICLE XIII  
NOTICE**

Section 13.1. Delivery of Notice. Except as otherwise specified herein, all notices under this Agreement shall be in writing and shall be delivered personally, mailed by first-class, registered, certified mail or overnight mail, return receipt requested, or via email:

<p>If to CNYCC:</p> <p><b>Attn: <u>Virginia Opipare</u></b></p> <p><b>Title: <u>Executive Director</u></b></p> <p><b>Address: 109 Otisco St. 2<sup>nd</sup> Floor Syracuse, NY 13204</b></p> <p><b>Email: <u>Virginia.Opipare@cnycares.org</u></b></p>	<p><b>If to Project Participant:</b></p> <p>Attn: _____</p> <p>Title: _____</p> <p>Address: _____ _____</p> <p>Email: _____</p>
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Section 13.2. Change of Notice Recipient. Each Party may designate in writing a new address to which any notice shall be delivered.

**ARTICLE XIV  
GENERAL PROVISIONS**

Section 14.1. Amendment. This Agreement may only be amended, altered, or modified by a written agreement executed by the Parties, except: (i) for the reporting requirements set forth in Appendix B; and (ii) if changes to DSRIP Requirements mandated by CMS or DOH require amendment of this Agreement, CNYCC may amend this Agreement to the extent necessary to comply with such DSRIP Requirements and shall promptly notify Project Participant in writing of such amendments.

Section 14.2. Assignment. This Agreement may not be assigned by either Party without the prior written consent of the other Party.

Section 14.3. Entire Agreement. This Agreement supersedes all prior oral or written agreements, commitments, or understandings between the Parties with respect to the matters provided for herein, except for the Business Associate Agreement entered into between the Parties, and the Partner Organization Agreement, if the Parties have entered into such agreements at the time this Agreement is executed by the Parties.

Section 14.4. Waivers; Amendments. The rights and remedies of the Parties hereunder are cumulative and are not exclusive of any rights or remedies that they would otherwise have. This Agreement may be waived, amended or modified only pursuant to an agreement or agreements in writing entered into by the Parties.

Section 14.5. Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of New York without regard to its conflicts of law rules.

Section 14.6. Non-Discrimination. Access to services under this Agreement will be based solely on criteria of prognosis and need for care and not on the basis of race, age, sex, color, religion, national origin, marital status, sexual orientation, disability, sponsorship, source of payment or other similar criteria.



Section 14.7. Non-Exclusivity. Nothing in this Agreement shall prohibit either Party from affiliating or contracting with any other entity for any purpose whatsoever.

Section 14.8. Severability. Any provision of this Agreement held to be invalid, illegal or unenforceable in any jurisdiction shall, as to such jurisdiction, be ineffective to the extent of such invalidity, illegality or unenforceability without affecting the validity, legality and enforceability of the remaining provisions hereof; and the invalidity of a particular provision in a particular jurisdiction shall not invalidate such provision in any other jurisdiction.

Section 14.9. Counterparts; Integration; Effectiveness. This Agreement may be executed in counterparts, each of which shall constitute an original, but all of which when taken together shall constitute a single contract. Delivery of an executed counterpart of a signature page of this Agreement by facsimile or other electronic imaging shall be effective as delivery of a manually executed counterpart of this Agreement.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be duly executed as of the Effective Date.

**PROJECT PARTICIPANT**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**CENTRAL NEW YORK CARE COLLABORATIVE,  
INC.**

By: \_\_\_\_\_  
Name: Virginia Opipare  
Title: Executive Director

## Appendix A

### Project Requirements

The New York State Department of Health (DOH) has designated the requirements and timeline for completion for milestones for DSRIP Project 2biv (Project Requirements) that includes PPS participants from across the continuum of care. The following pages list the Project Requirements as set forth most recently by DOH.

Partner Organization shall make a good faith commitment to participating in meeting the Project Requirements as listed on the following pages by the deadlines specified below, to the extent such requirements are applicable to Partner Organization given the nature of the services it provides and its role in PPS projects. Such a good faith commitment is a prerequisite for receipt of project payments identified in Appendix B and will be required for receipt of project payments in future DSRIP years by partner organizations of types not specified for payment in DSRIP Year 1.

- (A) Requirements with the “Unit Level” designation of the Project Participant’s provider type are the individual responsibility of the Project Participant, including the provision to CNYCC of the related “Data Source(s)” required to substantiate completion of the project requirement.
- (B) Requirements with the “Unit Level” designation of “Project” are the joint responsibility of CNYCC and its participating partner organizations. The Project Participant may bear some individual responsibility for activities related to the requirement including the provision of the related “Data Source(s)” required to substantiate completion of the project requirement.

<b>Requirement Color:</b>	<b>Project 2ai Requirement Completed By:</b>
Green	End of DY2Q4 (March 31, 2017)
Yellow	End of DY3Q4 (March 31, 2018)
Orange	End of DY4Q4 (March 21, 2019)



Project Domain	System Transformation Projects (Domain 2)
Project ID	2.b.iv
Project Title	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

Index Score = 43

Definition of Actively Engaged	The number of participating patients with a care transition plan developed prior to discharge <del>who are not readmitted within that 30-day period.</del>
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Project Requirement	Metric/Deliverable	Data Source(s)	Old Data Source(s)	Unit Level	
1	Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.	Documentation of process and workflow including responsible resources at each stage of the workflow; written training materials; <b>training documentation</b>	Documentation of process and workflow including responsible resources at each stage of the workflow; written training materials; <b>completion of training documentation as necessary</b>	Project
2	Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Payment Agreements or MOUs with Managed Care Plans	Payment Agreements or MOUs with Managed Care Plans	Project
		Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.	Documentation of methodology and strategies including identification of responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations; Written attestation or evidence of coordination of care transition strategies with Health Homes and the supportive housing site	Documentation of methodology and strategies including identification of responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations; Written attestation or evidence of coordination of care transition strategies with Health Homes and the supportive housing site	Project
		PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.	Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials; List of training dates along with number of staff trained	Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials; List of training dates along with number of staff trained	Project
3	Ensure required social services participate in the project.	Required network social services, including medically tailored home food services, are provided in care transitions.	Support Services Lists; Documentation of process and workflow including responsible resources at each stage of the workflow; Written attestation or evidence of agreement; Periodic self-audit reports and recommendations	Support Services Lists; Documentation of process and workflow including responsible resources at each stage of the workflow; Written attestation or evidence of agreement; Periodic self-audit reports and recommendations	Project
4	Transition of care protocols will include early notification of planned discharges and the ability of the transition <b>care</b> manager to visit the patient in the hospital to develop the transition of care services.	Policies and procedures are in place for early notification of planned discharges.	Documentation of early notification of planned discharge process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained	Documentation of early notification of planned discharge process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained	Provider (PCP, Non-PCP, Hospitals)
		PPS has program in place that allows <b>care</b> managers access to visit patients in the hospital and provide care transition services and advisement.	Contract; <b>Vendor System Documentation; Documentation demonstrating that the care manager has access to visit their patients in the hospital</b>	Contract; <b>Vendor System Documentation, if applicable; Other Sources demonstrating case manager access to the system</b>	Project

Project Domain	System Transformation Projects (Domain 2)
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Index Score = 43

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Project Requirement	Metric/Deliverable	Data Source(s)	Old Data Source(s)	Unit Level
5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.	Documentation of care record transition process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Periodic self-audit reports and recommendations	Documentation of care record transition process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Periodic self-audit reports and recommendations	Project
6 Ensure that a 30-day transition of care period is established.	Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.	Policies and Procedures	Policies and Procedures	Project
7 Use EHRs and other technical platforms to track all patients engaged in the project.	PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Sample data collection and tracking system; EHR completeness reports (necessary data fields are populated in order to track project implementation and progress)	Sample data collection and tracking system; EHR completeness reports (necessary data fields are populated in order to track project implementation and progress)	Project



## Appendix B: DSRIP Year 1 Payment for Project 2biv: Eligibility & Stipulations

### Payment Type 1: Per Engaged Patient

- Eligible Partner Organizations: Hospitals (both Article 28- and Article 31-licensed)
  - My organization is an eligible, *safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type
    - Number of participating, distinct hospitals within contracting organization: \_\_\_\_\_
  - My organization is an eligible, *safety net* partner organization and intends to fulfill necessary project activities in pursuit of this project payment type through a subcontract with organization: \_\_\_\_\_,   
• Number of participating, distinct hospitals within contracting organization: \_\_\_\_\_
  - My organization, although an eligible, *safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is an eligible, *non-safety net* partner organization and intends to independently undertake necessary project activities in pursuit of this project payment type, understanding that the amount of funding available to non-safety net participants in aggregate is limited to 5% of the total project valuation
    - Number of participating, distinct hospitals within contracting organization: \_\_\_\_\_
  - My organization is an eligible, *non-safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type as a subcontractor of organization: \_\_\_\_\_,   
an eligible, *safety net* partner organization
  - My organization, although an eligible, *non-safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is not an eligible partner organization of any type above
- Total Amount Available for DY1 Payments: \$309,724
- Payment Amount Calculation: PMPY (\$234.64 gross, \$199.44 net) x number of validated, successfully actively engaged patients
- Additional Payment Stipulations:
  - Partner Organizations will submit patient rosters in accordance with project reporting protocols.



Payment Mechanism 2: Lump sum payment for executed Care Transitions Coalition Participation agreement with participation in CNYCC-sponsored Care Transitions Coalition(s)

- Eligible Partner Organizations: Hospitals (both Article 28- and Article 31-licensed) and post-acute providers (may include primary care & specialty practices; rehabilitation, skilled nursing, and long term care facilities; Health Homes, care management, and home care agencies; pharmacies)
  - My organization is an eligible, *safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization is an eligible, *safety net* partner organization and intends to fulfill necessary project activities in pursuit of this project payment type through a subcontract with organization: \_\_\_\_\_,
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization, although an eligible, *safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is an eligible, *non-safety net* partner organization and intends to independently undertake necessary project activities in pursuit of this project payment type, understanding that the amount of funding available to non-safety net participants in aggregate is limited to 5% of the total project valuation
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization is an eligible, *non-safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type as a subcontractor of organization: \_\_\_\_\_, an eligible, *safety net* partner organization
  - My organization, although an eligible, *non-safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is not an eligible partner organization of any type above
- Total Amount Available for DY1 Payments: \$200,000 (contingent upon Board approval)
- Payment Amount Calculation: \$200,000 divided equally among an estimated 40 participating entities
- Estimated Average Payment per Partner: \$5,000 per participating entity



Payment Mechanism 3: Lump sum payment for planning as part of CNYCC-sponsored Care Transition Coalition(s)

- Eligible Partner Organizations: Hospitals (both Article 28- and Article 31-licensed) and post-acute providers (may include primary care & specialty practices; rehabilitation, skilled nursing, and long term care facilities; Health Homes, care management, and home care agencies; pharmacies) with signed CNYCC-sponsored Care Transitions Coalition Partnership Agreements
  - My organization is an eligible, *safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization is an eligible, *safety net* partner organization and intends to fulfill necessary project activities in pursuit of this project payment type through a subcontract with organization: \_\_\_\_\_,
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization, although an eligible, *safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is an eligible, *non-safety net* partner organization and intends to independently undertake necessary project activities in pursuit of this project payment type, understanding that the amount of funding available to non-safety net participants in aggregate is limited to 5% of the total project valuation
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization is an eligible, *non-safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type as a subcontractor of organization: \_\_\_\_\_, an eligible, *safety net* partner organization
  - My organization, although an eligible, *non-safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is not an eligible partner organization of any type above
- Total Amount Available for DY1 Payments: \$625,000 (contingent upon Board approval)
- Payment Amount Calculation: \$625,000 divided equally among participating entities
- Estimated Average Payment Per Partner: \$15,625 assuming 40 participating entities



Payment Mechanism 4: Lump sum payment for implementation of plan

- Eligible Partner Organizations: Hospitals (both Article 28- and Article 31-licensed) and post-acute providers (may include primary care & specialty practices; rehabilitation, skilled nursing, and long term care facilities; Health Homes, care management, and home care agencies; pharmacies) participating in CNYCC-sponsored Care Transitions Coalition(s)
  - My organization is an eligible, *safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization is an eligible, *safety net* partner organization and intends to fulfill necessary project activities in pursuit of this project payment type through a subcontract with organization: \_\_\_\_\_,
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization, although an eligible, *safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is an eligible, *non-safety net* partner organization and intends to independently undertake necessary project activities in pursuit of this project payment type, understanding that the amount of funding available to non-safety net participants in aggregate is limited to 5% of the total project valuation
    - Number of participating, distinct entities within contracting organization: \_\_\_\_\_  
Please list: \_\_\_\_\_
  - My organization is an eligible, *non-safety net* partner organization and intends to undertake necessary project activities in pursuit of this project payment type as a subcontractor of organization: \_\_\_\_\_, an eligible, *safety net* partner organization
  - My organization, although an eligible, *non-safety net* partner organization, **does NOT** intend to undertake necessary project activities in pursuit of this project payment type
  - My organization is not an eligible partner organization of any type above
- Total Amount Available for DY1 Payments: \$2,132,269
- Payment Amount Calculation: \$1,066,134.50 divided equally among implementing entities, half scaled by volume-related measure(s) yet to be determined
- Estimated Average Payment Per Partner: \$53,306.72 per implementing entity, on average, assuming 40 implementing entities



### Appendix C Reporting Requirements

Project: Care Transitions (2.b.iv)

<b>Project Title</b>	Care transitions intervention model to reduce 30 day readmission for chronic health conditions.
<b>Actively Engaged Definition</b>	The number of participating patients with a care transition plan developed prior to discharge.
<b>Counting Criteria</b>	A count of patients who meet the criteria over a 1-year measurement period. Duplicate counts of patients are allowed, provided they meet the criteria more than once. The count is not additive across DSRIP years.
<b>Data Source</b>	EHRs or other IT Platforms (i.e. patient registries).

#### Clarifying Information:

- There is no specific definition of a “care transition plan”. However, a care transition plan should be consistent with best practices of CMS’ Community-Based Care Transitions Program and should include core components such as: patient self-education, follow-up appointments, and medication reconciliation.
- “Participating patients” refers to those patients who are at a high risk of readmission, particularly those with cardiac, renal, diabetic, respiratory, and/or behavioral health disorders. These are the same patients who would fit the 3M definitions to successfully prevented readmissions. While the project is specifically focused on certain conditions, any hospitalized patients who receive a care transition plan prior to discharge will count.
- The discharge needs to be accompanied with a care transition plan in order for that patient to count as actively engaged, i.e. if a patient is discharged with the intent to develop a treatment plan within a predetermined number of hours/days/etc., that patient would not count as actively engaged.

#### CNYCC Defined Details:

In order to be considered actively engaged by definitions set by CNYCC, Medicaid members must:

- Have traditional Medicaid or be a member of a Medicaid Managed Care by receiving benefits through Fidelis, Total Care or United Healthcare **AND**
- Have a completed care transition plan prior to hospitalization discharge. Initially for this project a care transition plan **MUST** include:

Care Plan Element	Documentation Requirements	Data Element
12 out of the 15 (80%) Elements of the Continuity of Care Document being sent to provider: 1. Patient Name 2. Procedures 3. Encounter Diagnosis 4. Immunizations 5. Laboratory Test Results 6. Vital Signs (height, weight, blood pressure, BMI)	<b>Report to CNYCC:</b> Proof that elements of CCD or CCD document was sent; Transmission type of document (electronic, paper, fax) & date of transmission	Transmission Date of Document; Transmission Type of Document (electronic, paper, fax)  If your organization is unable to provide the individual transmission date and transmission type for each



<p>7. Smoking Status              8. Functional Status including activities of daily living, cognitive and disability status              9. Demographic information (preferred language, sex, race, ethnicity, date of birth)              10. Care plan field, including goals and instructions              11. Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider.              12. Discharge instructions              13. Current problem list (Hospitals may also include historical problems at their discretion)              14. Current Medication List              15. Current Medication Allergy List</p>		<p>unique patient, your organization may attest to transmission via the Care Transitions Attestation Form.</p>
<p>Follow-up appointment/instructions (Optional)</p>	<p>Documented Locally (Optional)</p>	<p>Provide CNYCC location of documentation in EHR (Optional)</p>
<p>Medication Reconciliation (Optional)</p>	<p>Documented Locally (Optional)</p>	<p>Provide CNYCC location of documentation in EHR (Optional)</p>
<p>Teach-back technique for Discharge Instructions (Optional)</p>	<p>Documented Locally (Optional)</p>	<p>Provide CNYCC location of documentation in EHR (Optional)</p>
<p>Details on Post-Acute Care Providers</p>	<p><b>Report to CNYCC:</b> Location of Patient Discharge</p>	<p>Where patient was discharged (Home Care/LTC/SNF/PCP)</p>

**AND (Continued on Next Page)**

- Member must have at least one of the following chronic diseases upon discharge:

<u>Chronic Condition</u>	<u>ICD-9/ICD 10 Code</u>
Diabetes Only	250/E11.9
Chronic Heart Disease Excluding Heart Failure	413, 414, 416, 425, 426, 427/I20.8, I25.10, I27.0, I42.3, I44.2, I47.1





Hypertension	401, 402, 403, 404, 405/I10, I11.9, I12.9, I13.10,
Heart Failure	428/I50.9
Lower Respiratory Disease	493, 494, 496/J45.20, J47.9, J44.9
Mood Disorders	296, 311/F30.10, F32.9
Schizophrenia and Other Psychoses	295, 297, 298/F01-F48, F50-F99
Alcohol Related Disorders	291/F10.231
Substance Abuse Disorders	292/F19.939
Obstructive Chronic Bronchitis*	491/J41.0
Renal Failure*	5849/N17.9

\* Chronic Disease was added to State list after analysis of Medicaid Members through Salient.

**AND**

- Have **NOT** been submitted to other PPSs for payment.

**Data Reporting Requirements – Actively Engaged Patients**

The data reporting requirements set forth in this appendix apply solely to the Care Transitions project regarding Medicaid Members who are considered actively engaged by the definitions and details stated above.

**Data Elements**

Partners shall report the following data elements to CNYCC with the frequency set forth below:

- Patient Last Name
- Patient First Name
- Client Identification Number (CIN) or Medicaid Managed Care Subscriber ID
- Date of Discharge
- Date CCD was transmitted
- How CCD was transmitted (electronic, paper, fax)
- Where patient was discharged (Home Care/LTC/SNF/PCP)

In addition to the information (data elements) that is reported to CNYCC, Partners must retain the following information in the event of an audit:

- Full Name of Patient who was discharged with a completed care transition plan
- Eligibility Status (Medicaid or Medicaid Managed Care)
- Follow-Up Instructions in EHR (flow sheet, chart section, etc.) (optional)
- Medication Reconciliation in EHR (flow sheet, chart section, etc.) (optional)
- Teach back Technique in EHR (flow sheet, chart section, etc.) (optional)
- Current Address (optional)
- Current Phone Number (optional)
- Current Email Address (optional)
- Dates of any additional discharges or follow-up with Medicaid Member



## Reporting Schedule

Partners shall report the number of actively engaged patients by the Monday following the second Thursday of each month by 10 AM. Please see the chart below for exact due dates of Actively Engaged Patient Rosters.

Month of Engagement	Patient Roster Due
June 2016	July 18, 2016
July 2016	August 15, 2016
August 2016	September 12, 2016
September 2016	October 17, 2016
October 2016	November 14, 2016
November 2016	December 12, 2016
December 2016	January 16, 2017

Partners are responsible for uploading a Member Roster file that includes the data elements that were defined above for all engaged patients for the previous month. In order to send the file, Partners must utilize CNYCC's Secure File Transfer Protocol (SFTP) Site.

Instructions for site use, usernames and passwords will be distributed to individuals identified by Partner Organizations; this information will be sent separately.

Partners will be sent an excel template that they can use to create their rosters for data submission. The file naming convention should be: **2biv Date Parent Organization Name Actively Engaged Patient Roster**. Please do not send a cumulative patient roster; each month submitted should have unique patients unless the Medicaid Member was discharged more than once.