



CNYCC Project 3gi Palliative Care PCMH Integration Agreement

This Project 3gi for Palliative Care PCMH Integration Agreement (the “Agreement”) is made and entered into on the date last set forth below (the “Effective Date”) by and between Central New York Care Collaborative, Inc., a New York non-for-profit corporation, located at 109 Otisco Street, 2nd Floor, Syracuse, New York 13204 (“CNYCC”), and _____ located at _____ (Project Participant). Each may be referred to individually as “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 3gi, also known as Palliative Care PCMH Integration (“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) to implement the PPS Project.

C. The objective of the PPS Project is to increase access to primary palliative care.

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 Project Participant setting 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) Appendices A, B and C attached hereto and as may be amended by CNYCC from time-to-time in accordance with its Bylaws and relevant policies and procedures; (ii) this Agreement; and (iii) 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 and other staff 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
- (e) 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 the then current Project Payment Policy, which is subject to approval of the CNYCC Board of Directors in accordance with its Bylaws and relevant policies, as indicated in Appendix B and 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. Upon execution of this Agreement by the Parties, this Agreement shall be deemed, 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 commence on the Effective Date and shall terminate on March 31, 2020, unless 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, or if Project Participant is excluded or disqualified from participation in a government health care program including, without limitation, Medicare or Medicaid.

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 participation in a government health care program including, without limitation, Medicare or Medicaid.

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 in accordance with the CNYCC Dispute Resolution Policy, 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 to the individual and the address as set forth on the signature page of this Agreement.

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) that CNYCC may amend in its sole discretion Appendices A, B and/or C of this Agreement upon at least thirty (30) days' written notice to Partner Organization and/or (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 related to 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: _____

Date: _____

Address:

Email: _____

CENTRAL NEW YORK CARE COLLABORATIVE, INC.

By: _____

Virginia A. Opipare

Title: Executive Director

Date: _____

109 Otisco Street, 2nd Floor
Syracuse, NY 13204

Virginia.Opipare@cnycares.org

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 3gi (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.

Requirement Color:	Project 3gi Requirement Completed By:
Green	End of DY2Q4 (March 31, 2017)
Yellow	End of DY3Q4 (March 31, 2018)

Project Domain	Clinical Improvement Projects (Domain 3)
Project ID	3.g.i
Project Title	Integration of palliative care into the PCMH model

Index Score = 22

Definition of Actively Engaged		The number of participating patients receiving palliative care services at participating sites, as determined by the adopted clinical guidelines.			
Project Requirement	Metric/Deliverable	Data Source(s)	Old Data Source(s)	Unit Level	
1	Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.	Roster of participating NCQA PCMH certified PCPs and/or PCPs meeting APCM requirements; PCP agreements committing to integrate Palliative Care; Agreements with non PCMH certified and/or APCM approved PCPs committing to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM model	Roster of participating PCPs, and whether they are NCQA PCMH certified; Agreements with PCPs committing to integrate Palliative Care into their practice model; Agreements with non-PCMH certified PCPs committing to become certified to at least Level 1 of the 2014 NCQA PCMH model	Provider (PCP)
2	Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.	Agreements between the PPS and community and provider resources including Hospice	Agreements between the PPS and community and provider resources including Hospice	Project

3	Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role appropriate competence in palliative care skills.	Clinical Guidelines; Agreements from all partners; Training dates, materials, and number of staff attending; Demonstrated use of the MOLST form, where appropriate	Clinical Guidelines and agreements from all partners; Training dates, materials, and number of staff attending; Demonstrated use of the MOLST form, where appropriate	Project
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Project Domain	Clinical Improvement Projects (Domain 3)
Project ID	3.g.i
Project Title	Integration of palliative care into the PCMH model

Index Score = 22

Definition of Actively Engaged		The number of participating patients receiving palliative care services at participating sites, as determined by the adopted clinical guidelines.			
Project Requirement	Metric/Deliverable	Data Source(s)	Old Data Source(s)	Unit Level	
4	Engage staff in trainings to increase role appropriate competence in palliative care skills and protocols developed by the PPS.	Staff has received appropriate palliative care skills training, including training on PPS care protocols.	Written training materials; List of training dates along with number of staff trained	Written training materials; List of training dates along with number of staff trained	Project
5	Engage with Medicaid Managed Care to address coverage of services.	PPS has established agreements with MCOs that address the coverage of palliative care supports and services.	Written agreements	Written agreements	Project
6	Use EHRs or other IT platforms to track all patients engaged in this project.	PPS identifies targeted patients and is able to track	Sample data collection and tracking system; EHR completeness reports	Sample data collection and tracking system; EHR completeness reports	Project

		actively engaged patients for project milestone reporting.	(necessary data fields are populated in order to track project implementation and progress)	(necessary data fields are populated in order to track project implementation and progress)	
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Appendix B
DSRIP Year 1 Payment for Project 3.g.i.
Integration of Palliative Care into the PCMH Model

Activities: Eligibility & Stipulations

- I. Eligible Partner Organizations and Threshold Requirements for Primary Care Integration of Palliative Care Services.** Partner Organizations meeting the following criteria are eligible to participate in Project 3.g.i., with respect to the activities set forth below in Section II:
 - a. The Partner Organization must provide primary care services to Medicaid Beneficiaries within the Central New York Care Collaborative, Inc. (“CNYCC”), Performing Provider System and be actively pursuing Patient Centered Medical Home (“PCMH”) or Advanced Primary Care (“APC”) recognition (Note: CNYCC reserves the right in its sole discretion to grant exception to the criteria set forth in this section I a); and
 - b. The Partner Organization must have executed a standard Partner Organization Agreement, a Business Associate Agreement and Project 2.a.i. Agreement with CNYCC.
 - c. Both Safety Net and Non-Safety Net providers (a status determined by NYS Department of Health) meeting the above criteria are eligible to participate. Please note that the amount of funding available to Non-Safety Net participants in the aggregate is limited to 5% of the total project valuation.

- II. Project Activities.** It is expected that participating sites will participate in and complete all the activities listed in this Section II (referred to as the “Palliative Care PCMH Integration Activities”). The required Palliative Care PCMH Integration Activities are as follows:
 - a. Develop and implement a site-specific project Implementation Plan in coordination and consultation with CNYCC.
 - b. Training of staff in coordination and consultation with CNYCC.
 - c. Report Actively Engaged Patients to CNYCC in accordance with Appendix C to the Project 3.g.i. Agreement.

- III. Site Level Recognition.** The Partner Organization entering into the Project 3.g.i Agreement must provide CNYCC with information concerning each of its participating primary care sites. Please complete the following for each site.



Also please indicate if the site is a subcontracted entity. Attach additional sheets as needed. Please be advised that CNYCC may request additional site-specific information as reasonably necessary (for example, NPI number, operating certificate number, etc.).

Name of Organization/Site: _____
Street Address: _____
City/Town: _____
Zip Code: New York, _____

Is the above site a subcontracted entity? Yes ____ No ____

Name of Organization/Site: _____
Street Address: _____
City/Town: _____
Zip Code: New York, _____

Is the above site a subcontracted entity? Yes ____ No ____

Name of Organization/Site: _____
Street Address: _____
City/Town: _____
Zip Code: New York, _____

Is the above site a subcontracted entity? Yes ____ No ____

IV. Payment for Project Activities. CNYCC shall issue payment for Palliative Care PCMH Integration Activities in accordance with the current Project 3.g.i Payment Policy which may be found here: <https://cnycare.org/documents/>. Please note, CNYCC reserves the right to amend the Project 3.g.i. Payment Policy in accordance with CNYCC’s Bylaws and/or relevant policies and procedures and pursuant to approval from the appropriate CNYCC governing body.

V. Discretion to Limit Partner Enrollment in the Project. CNYCC reserves the right in its sole discretion to limit the number of Partner Organizations enrolled in Project 3.g.i. CNYCC will exercise this discretion in order to ensure adequate funding of DSRIP dollars for participation in the Palliative Care PCMH Integration Activities.



Appendix C Reporting Requirements

Project: Integration of Palliative Care into the PCMH Model (3.g.i)

DOH Defined Information (cannot be changed or altered)

Project Title	Integration of Palliative Care into the PCMH Model
Actively Engaged Definition	The number of participating patients receiving palliative care services at participating PCMH sites, in accordance with the adopted clinical guidelines
Counting Criteria	A count of patients who meet the criteria over a 1-year measurement period. Duplicate counts of patients are not allowed. The count is not additive across DSRIP years.
Data Source	EHRs or other IT Platforms (i.e. patient registries).

DOH Clarifying Information:

- In order to be considered receiving “palliative care services”, the participating patients must be receiving palliative care from providers at the PCMH site who have appropriately integrated palliative care into practice models. Thus, the intent of this project is not to limit services to be provided only by palliative care specialists but also to include members of the clinical team who have been trained to bring integrated palliative care into practice models.
- Palliative care services can include both services billed to Medicaid, as well as services not billable to Medicaid that are clearly documented in the member’s medical record.
- Palliative care services provided through this project must meet the principles established by the Center to Advance Palliative Care (<https://www.capc.org/providers/palliative-care-resources/joint-commission-certification/>), be consistent with the NQF’s A Crosswalk of National Quality Forum Preferred Practices (https://media.capc.org/filer_public/88/06/8806cedd-f78a-4d14-a90e-aca688147a18/nqfcrosswalk.pdf), or the most updated guidance.

DOH Palliative Care Measure Guidance:

- The target populations for this measure, those who should receive the IPOS (Integrated Palliative Outcome Scale) survey, are individuals falling under the actively engaged definitions. IPOS assessments should also be conducted on all eligible patients at least once every six months or when eligible patients experience a significant change in patient status. (Please note: IPOS reporting guidance for partner organizations will be provided separately).

CNYCC Defined Details:

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

1. Have traditional Medicaid, be dually eligible for Medicaid and Medicare, or be a member of Medicaid Managed Care (e.g. Fidelis, Total Care or United Healthcare) **AND**



2. Be identified as eligible for Palliative Care as evidenced by a positive result of the SPICTM (with added clinical indicators of HIV/AIDS and/or Chronic Pain) <http://www.spict.org.uk/the-spict/> **AND**
3. Have received one or more of the following Palliative Care services at participating sites. Services, as defined by DOH, may include:
 - Additional Primary Care Medical Visits
 - Testing and Imaging (including further assessment)
 - Medication Management
 - Counseling & Referral
 - Exploration of Care Treatment Options **AND**
4. Have **NOT** been submitted to other PPSs for payment.

Data Reporting Requirements

The data reporting requirements set forth in this appendix apply solely to the Integration of Palliative Care into the PCMH Model (3gi) 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 Palliative Care Encounter**
- **Type of Palliative Care Service Provided (from list in #3 above)**

In addition to the information (data elements) that is reported to CNYCC, Primary Care Providers must retain the following information in the event of an audit.

- **Eligibility Status (Medicaid or Medicaid Managed Care)**
- **Evidence of a Positive SPICTM Assessment (with added clinical indicators of HIV/AIDS and/or Chronic Pain)**
- **Documentation of Palliative Care Service Provision** [*Note: Consider using the following codes to assist with reporting: palliative care counseling (i.e., ICD-10 Code Z51.5) / Advanced Care Planning; (i.e., CPT Codes 99497, 99498)*]

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
January 2017	February 13, 2017
February 2017	March 13, 2017
March 2017	April 17, 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: 3gi Date Parent Organization Name Actively Engaged Patient Roster. Please do not send a cumulative patient roster; each month submitted should have unique patients.

If anyone has any questions regarding Project Reporting Requirements, please contact:

Michele Jacobson

Michele.Jacobson@cnycares.org

315-703-2970

315-401-2208