

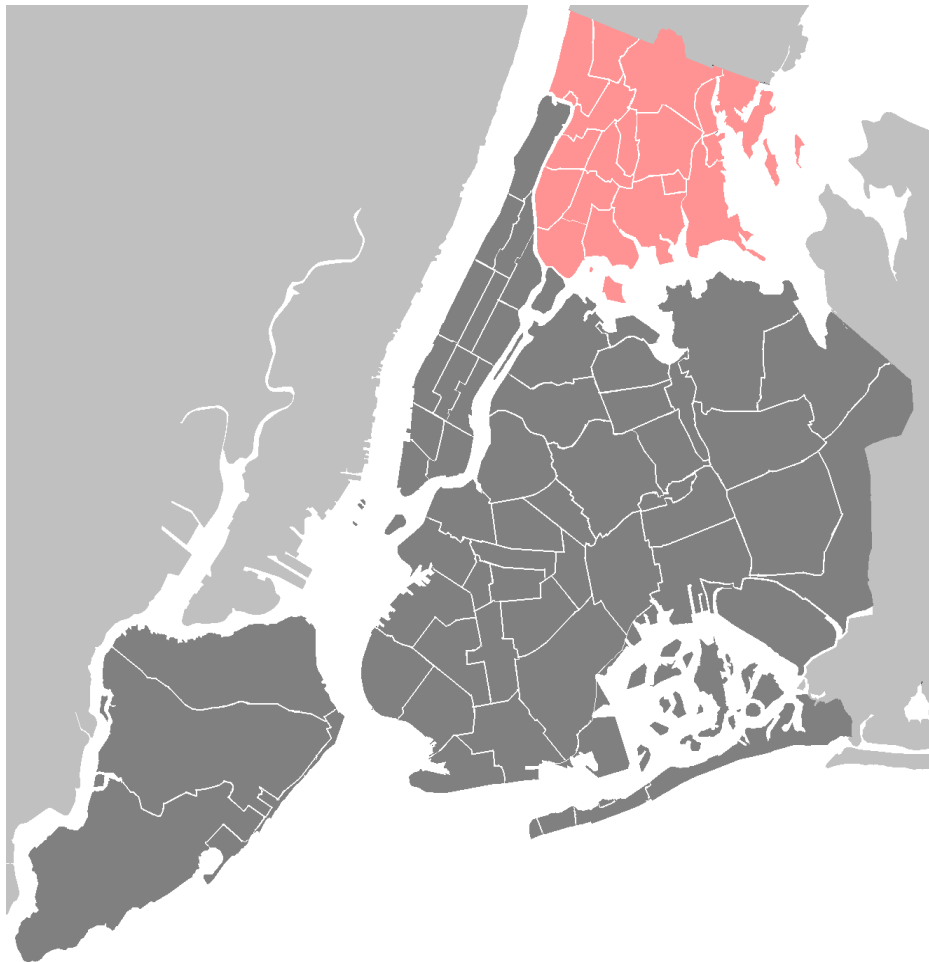


BRONX PARTNERS FOR HEALTHY COMMUNITIES



Overview for New Members

BPHC Geographic Region



The Entire Bronx Borough

- **Population:** Culturally vibrant community with population of ~1.5 million
- **Medicaid Coverage:** Highest rates of Medicaid coverage in the State (59% of Bronx residents over the course of a year)
- **Population Health:** Though the Bronx represents only 7% of the State's population, it accounts for 22% of asthma hospitalizations and the diabetes mortality rate is 60% higher than the State's rate
- **Social Factors:** Poorest county in New York State with approximately 30% of residents living in poverty, and a 12% unemployment rate. Over a third of the population has unaffordable or inadequate housing.

Bronx CNA Project-Specific Highlights

- **Cardiovascular disease:** *Heart disease is the top cause of mortality among the white, black, and Hispanic populations of the Bronx. It is also the second leading cause of premature death in the borough.*
- **Diabetes:** *The rate of hospitalizations for short-term diabetes complications among Medicaid beneficiaries is higher in the Bronx (151.22 per 100,000) than in the city overall (105.03 per 100,000), and higher than the state overall (110.31 per 100,000).*
- **Asthma/COPD:** *While the observed rate of PQI respiratory admissions has declined in the Bronx since 2009, it remains at or above the expected rate.*
 - *There is a concentration of young adult asthma and respiratory hospitalizations in the southern part of the borough, extending across both sides of the Grand Concourse.*
- **Mental/behavioral health:** *Only 53.3% of respondents reported that the mental health services are “available” or “very available” in their community.*
- **Substance abuse:** *Substance abuse was the second most commonly cited health concern by survey respondents (47.2%)*
 - *Many (36.2%) also noted the need for education on the topic.*
- **HIV/AIDS:** *Four neighborhoods in the borough have a higher HIV/AIDS prevalence rate than the city as a whole: High Bridge/ Morrisania, Crotona/ Tremont, Fordham/ Bronx Park, and Hunts Point/ Mott Haven.*



Data from the CNA support our project selections

BPHC Profile: Who We Are



Bronx Partners for Healthy Communities PPS



SBH Health System (lead)

- 150 years of serving the Bronx
- Over 70% Medicaid patients



Member organizations

Over 200 organizations, 1,000+ sites
~70,000 employees

- | | |
|----------------|---------------------|
| ▪ Hospitals | ▪ Behavioral Health |
| ▪ FQHCs | ▪ TCs |
| ▪ D&TCs | ▪ IPAs |
| ▪ Health Homes | ▪ CBOs |
| ▪ Home Care | ▪ Hospices |



**MORRIS HEIGHTS
HEALTH CENTER**



Montefiore

Patient Population

- 370K attributed for performance

The Bronx is ready for DSRIP:

- Least healthy county in NYS
- Poorest urban county in the US
- <70% adults have attained a high school diploma or equivalent
- Over half of residents speak a language other than English at home

BPHC: Founding Members

- Acacia Network
- Bronx United IPA
- Institute for Family Health
- Montefiore Medical Center
- Morris Heights Health Center
- Puerto Rican Family Institute
- SBH Health System
- Union Community Health Center



BRONX PARTNERS FOR
HEALTHY COMMUNITIES

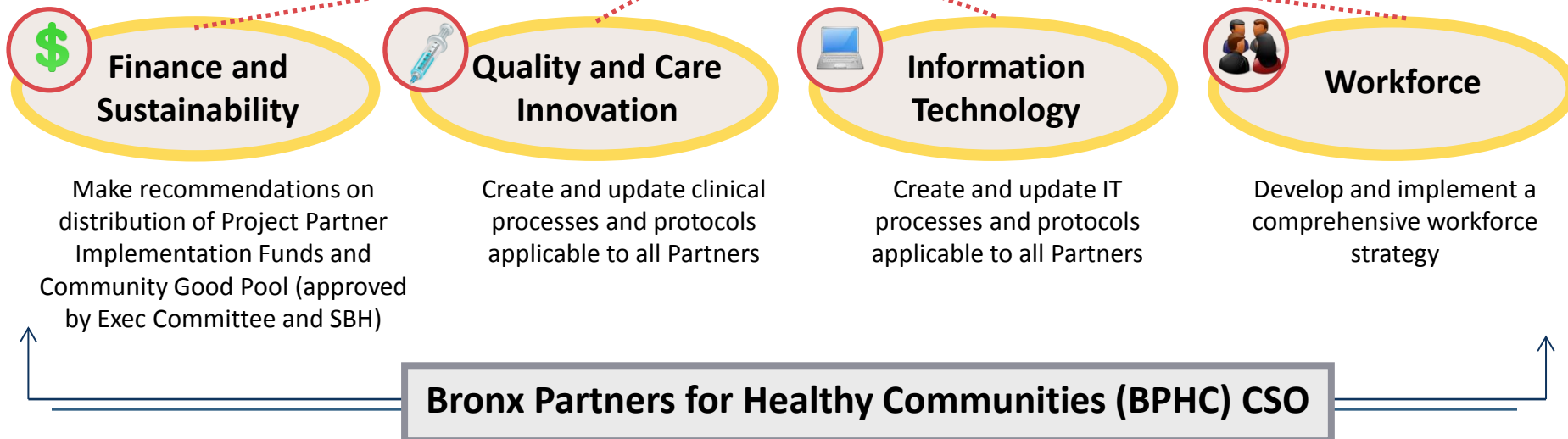


BPHC Governance Structure

Executive Committee

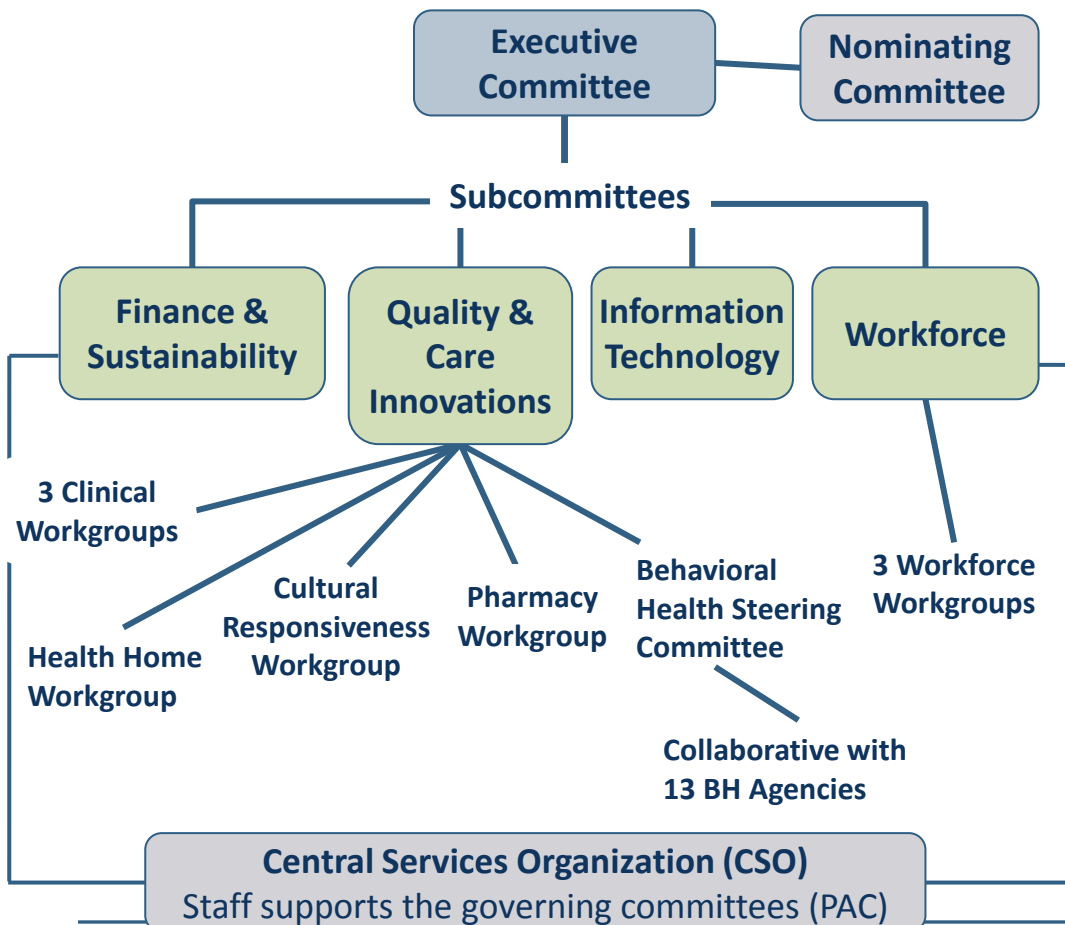
- Oversight of overall DSRIP Program implementation
- Satisfaction of key metrics to realize incentives
- Development of Program vision and implementation of “rules of the road”
- Representative of the PPS (though some partners may not have a direct representative)
- Involvement of executives with ability to commit their organizations to decisions and provide leadership
- Oversight of PPS financial management

Subcommittees



BPHC Governance Structure *cont'd*

Structure and Guiding Principles



Committee reflect the diversity of BPHC's member organizations

- 75 committee and subcommittee seats
- 150+ workgroup seats

Executive Committee Includes clinical and non-clinical stakeholders representing:

- Primary care and behavioral health providers in hospitals, FQHCs and IPAs;
- CBO (**BronxWorks**), MCO (**HealthFirst**), Workforce (**1199**), and the **Bronx RHIO**
- CBOs have seats on all committees, subcommittees and workgroups

Value transparency and collaboration

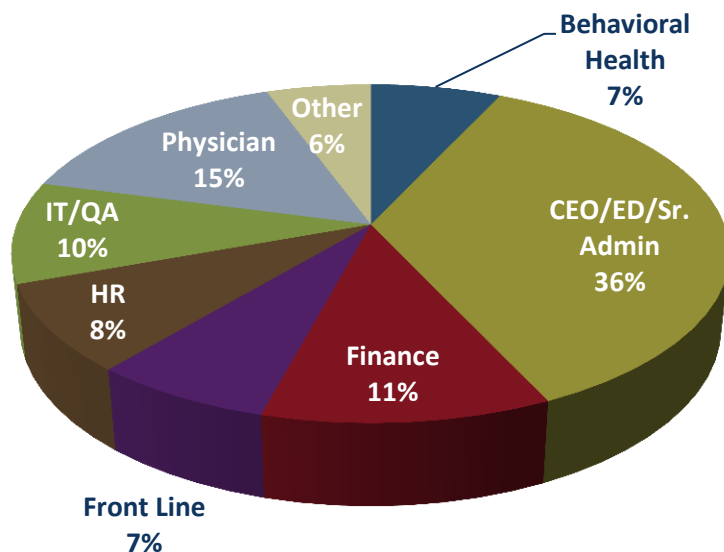
- Planning and implementation workgroups
- Frequent and targeted communications
- Monthly committee meetings
- Meetings with subcommittee co-chairs

BPHC Governance Structure *cont'd*

Makeup of Governance Committees*

Participating Disciplines

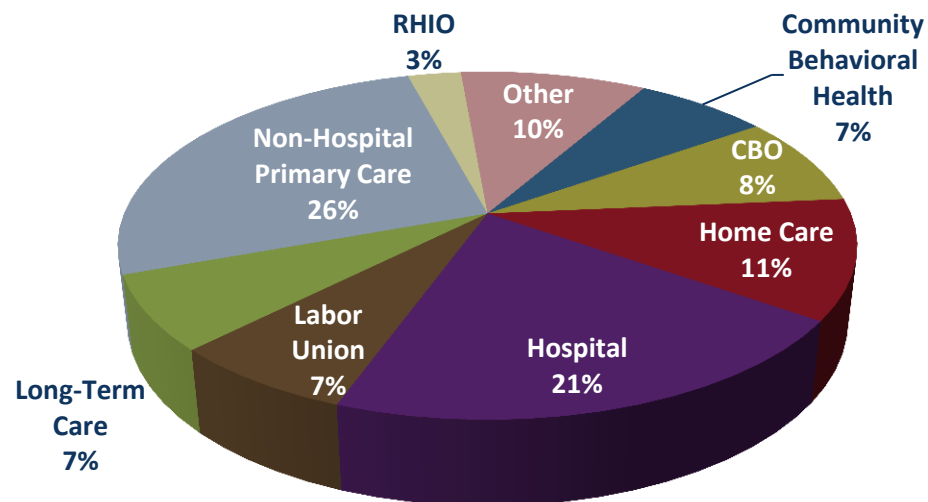
n=72**



Other: RN, Pharmacist, Care Management/Managed Care

Participating Organizations

n=72**



Other: Physician IPA, Payer, Pharmacy, Care Mgmt, NYCDOHMH, BPHC CSO

* Includes Executive Committee, Nominating Committee and four Sub-committees: Finance & Sustainability, Workforce, IT and Quality & Care Innovation

** n = 72 total committee members as of January 2017

BPHC's Central Services Organization (CSO)

Operational Functionalities



Patient & Provider Engagement

- Care management support
- Patient registries support
- Provider engagement



Data & Analytics

- Population health management
- Data / trend reporting
- Partner performance feedback



Clinical Support

- Clinical operation plans
- Target population identification
- Protocol compliance
- Performance monitoring



Information Technology

- IT infrastructure strategy
- HIT, HIE, and telehealth
- Central data management



Workforce, Staffing & Training

- Workforce development
- Recruiting / deployment
- Training



Financial / Program Management

- Fiscal agent / funds distribution
- Contracting
- Compliance
- Sustainability and VBP planning

DSRIP and Transformation

Transforming the Delivery of Care: Four Arenas

Payment Structure

Workforce

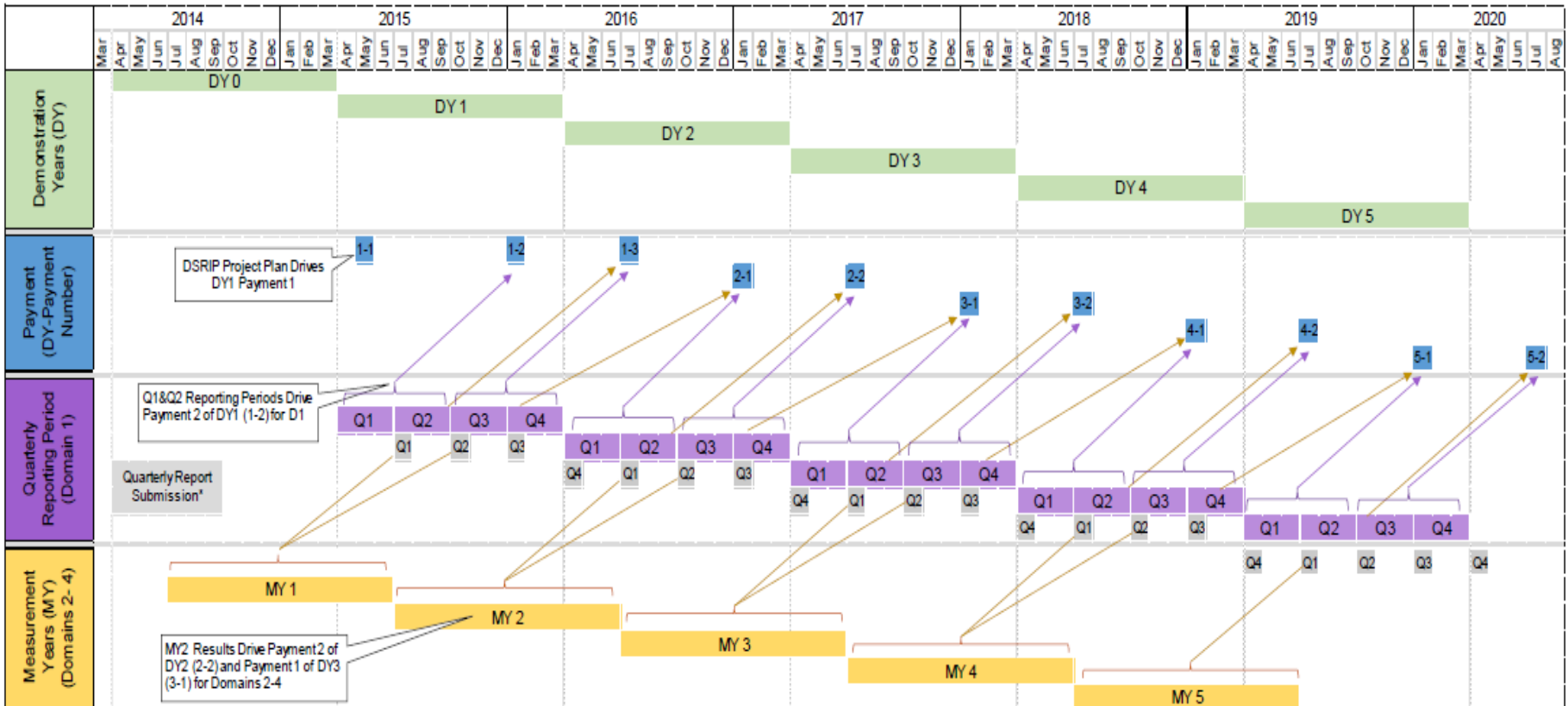
Technology

Clinical Quality



DSRIP Timelines

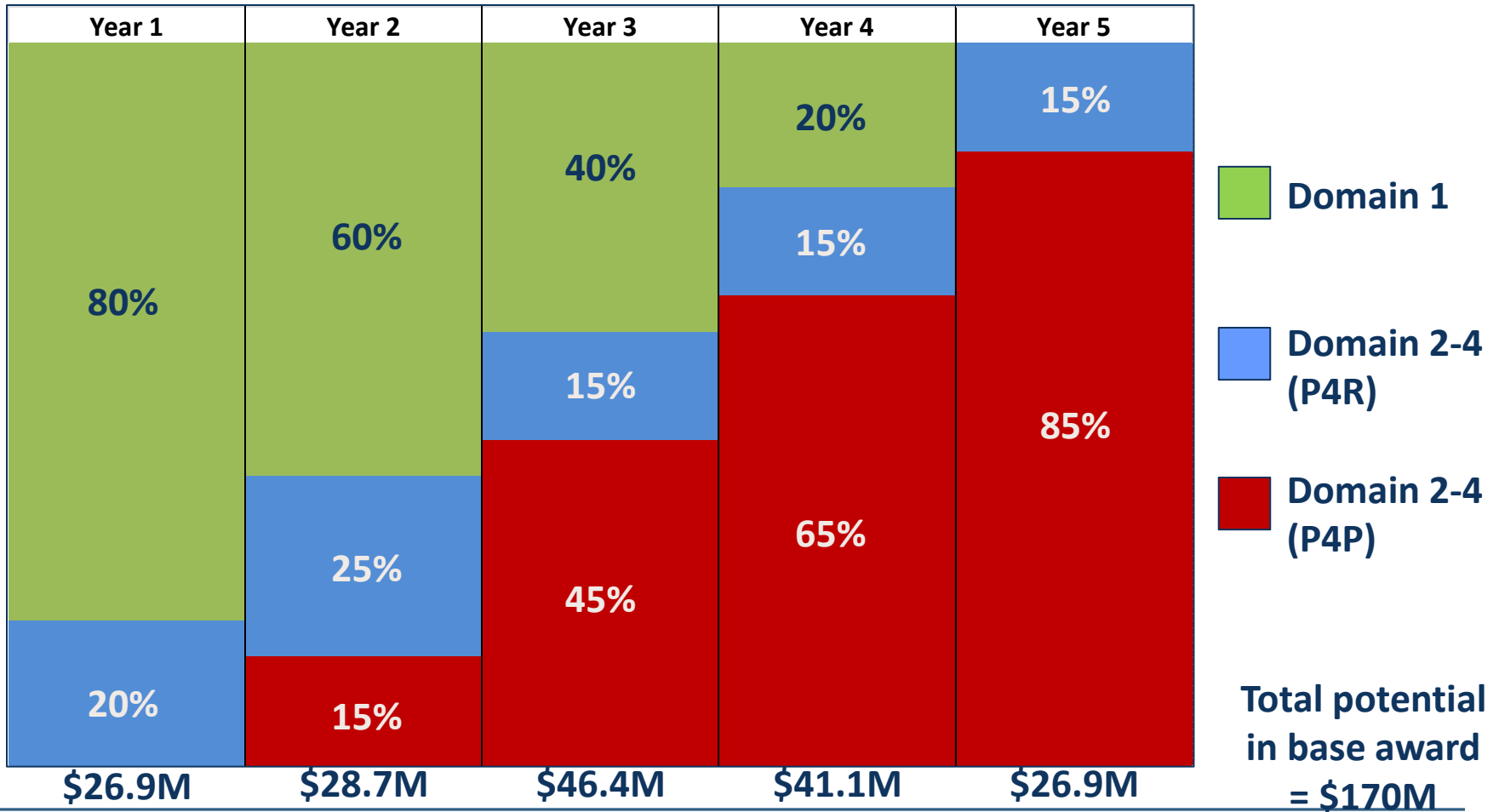
Relating Demonstration Years, Payments, Quarterly Reporting Periods and Measurement Years



Publication date: January 29th, 2016. Version 1.

* Quarterly reports are generally due on the last day of the month following the close of the quarter

DSRIP Funding Mix Evolution Over Time



Revenue Allocation

BPHC CASH FLOW

As of February 28, 2018

#	Budget Category	DSRIP Year 1		DSRIP Year 2		DSRIP Year 3		Cumulative Total Earned	
		Earned Amt ->	65,063,498	Earned Amt ->	60,333,316	Earned Amt ->	32,134,719	\$	157,531,532
#	Budget Category	Percentage (%)	Amount Allocation	Percentage (%)	Amount Allocation	Percentage (%)	Amount Allocation	Amount Paid	Balance
1	Project Implementation	63%	40,990,004	68%	41,026,655	52%	16,710,054	61,467,744	37,258,968
2	Revenue Loss	7%	4,554,445	12%	7,239,998	11%	3,534,819	8,000,000	7,329,262
3	Internal PPS Provider Bonus Payments	5%	3,253,175	5%	3,016,666	22%	7,069,638	621,130	12,718,349
4	Innovations Fund	10%	6,506,350	5%	3,016,666	5%	1,606,736	474,912	10,654,839
5	Contingency Fund	15%	9,759,525	10%	6,033,332	10%	3,213,472		19,006,328
	Total	100%	65,063,498	100%	60,333,316	100%	32,134,719	70,563,787	86,967,746

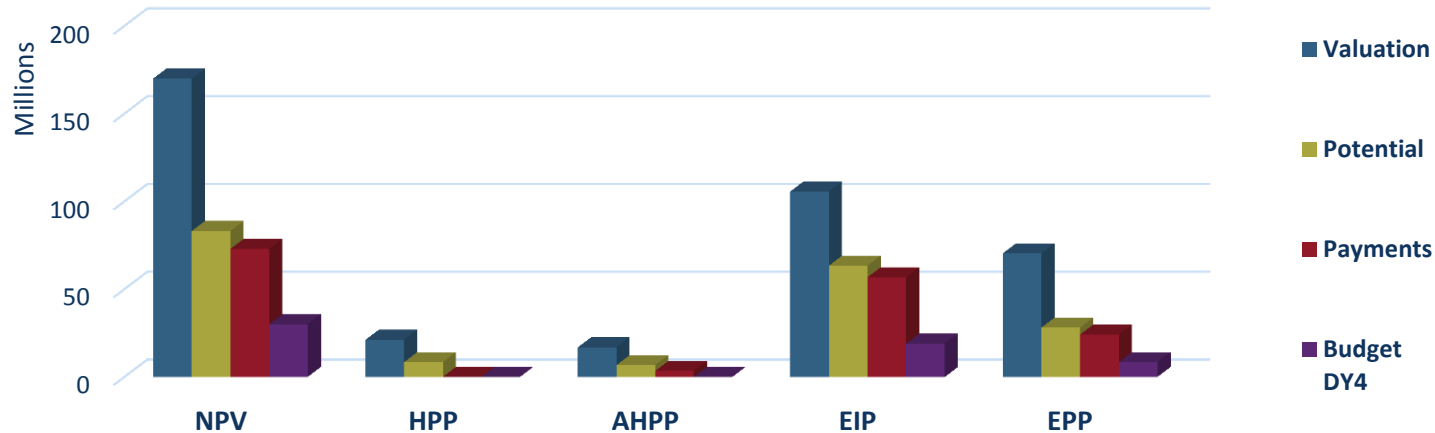
Implementation includes all funds paid for PMO and CSO expenses. Ambulatory Care, DPD, PCMH, IT, Workforce, CBHI, CHL, etc.

\$57,042,893 out of the \$86,967,746 balance has been allocated for DY3Q4 and DY4 contracts

DSRIP Year 3 (Mar 2018) Projected Earnings		2,837,484
#	Budget Category	Amount Allocation
1	Project Implementation	1,475,492
2	Revenue Loss	312,123
3	Internal PPS Provider Bonus Payments	624,247
4	Innovations Fund	141,874
5	Contingency Fund	283,748
	Total	2,837,484

Project Valuation and Payments Received

Project Valuation and Payments Received



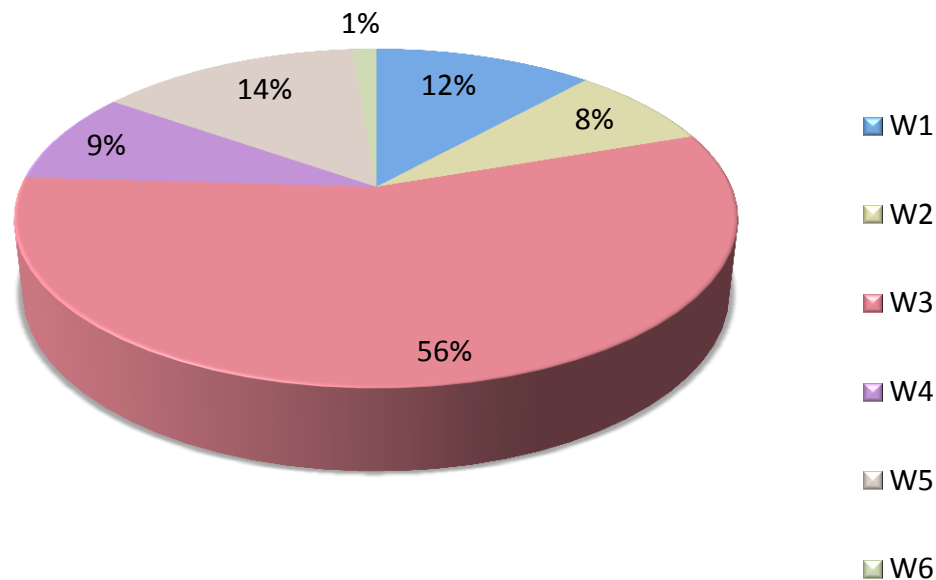
	Net Project Value	High Performance Program	Additional High Performance Program	Equity Infrastructure Program	Equity Performance Program	Total
Project Valuation	\$170,067,148	\$21,219,444	\$16,913,314	\$105,642,873	\$70,428,582	\$384,271,362
State Defined Potential Funds	\$83,230,882	\$8,487,778	\$6,765,318	\$63,385,725	\$28,171,440	\$190,041,143
Payments Received	\$72,965,276	\$0	\$3,377,771	\$56,790,086	\$24,166,481	\$157,299,614
Budget DY4	\$29,993,900	\$0	\$0	\$19,015,718	\$8,451,432	\$57,461,050
Required Performance		11 Metrics 20% Annual Improvement	5/9 Metrics 10% Annual Improvement	Reporting of 4 Programs	7 Metrics 10% annual Improvement	

BPHC Engagement & Funds Flow Strategy

Wave 1: Investing in PPS Expertise	Wave 2: Implementing Foundational Requirements	Wave 3: PCMH and Project Support	Wave 4: PCMH and Project Support	Wave 5: CBO/ CBH Support	Wave 6: Post-acute and Housing Support
<p><i>August 2015</i></p> <p>Funding for:</p> <ul style="list-style-type: none"> - Contracts with select orgs with expertise identifying best practices to support DSRIP project implementation 	<p><i>October 2015</i></p> <p>Funding for:</p> <ul style="list-style-type: none"> - DSRIP Project Managers for BPHC partner organizations. - PCMH technical support and coaching services - Workforce recruitment and training programs. 	<p><i>February 2016</i></p> <p>Funding to large PC and BH Providers for:</p> <ul style="list-style-type: none"> - Team-based care - Care coordination - Inter-connectivity - Population health 	<p><i>May 2016</i></p> <p>Funding to Independent providers for:</p> <ul style="list-style-type: none"> - PCMH - Care coordination - Population health <p>Funding to hospitals for:</p> <ul style="list-style-type: none"> - ED Triage and Care Transitions 	<p><i>Fall 2016/ Winter 2017</i></p> <p>Funding for:</p> <ul style="list-style-type: none"> - CBO/CBH capacity building - Inter-connectivity via RHIO & CCMS - Health Literacy and community engagement - Innovative approaches to advance DSRIP goals - Depression/ substance abuse screening, PC connection 	<p><i>Summer/Fall 2017</i></p> <p>Funding to post-acute care services and supportive housing providers for:</p> <ul style="list-style-type: none"> - Inter-connectivity and information exchange via RHIO - Innovative approaches for advancing DSRIP goals

Waves Distribution as of February 28, 2018

Funds Distribution by Waves



Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Total Distribution
\$ 4,294,207	\$ 2,934,909	\$ 20,654,191	\$ 3,241,814	\$ 5,123,959	\$ 474,912	\$ 36,723,992

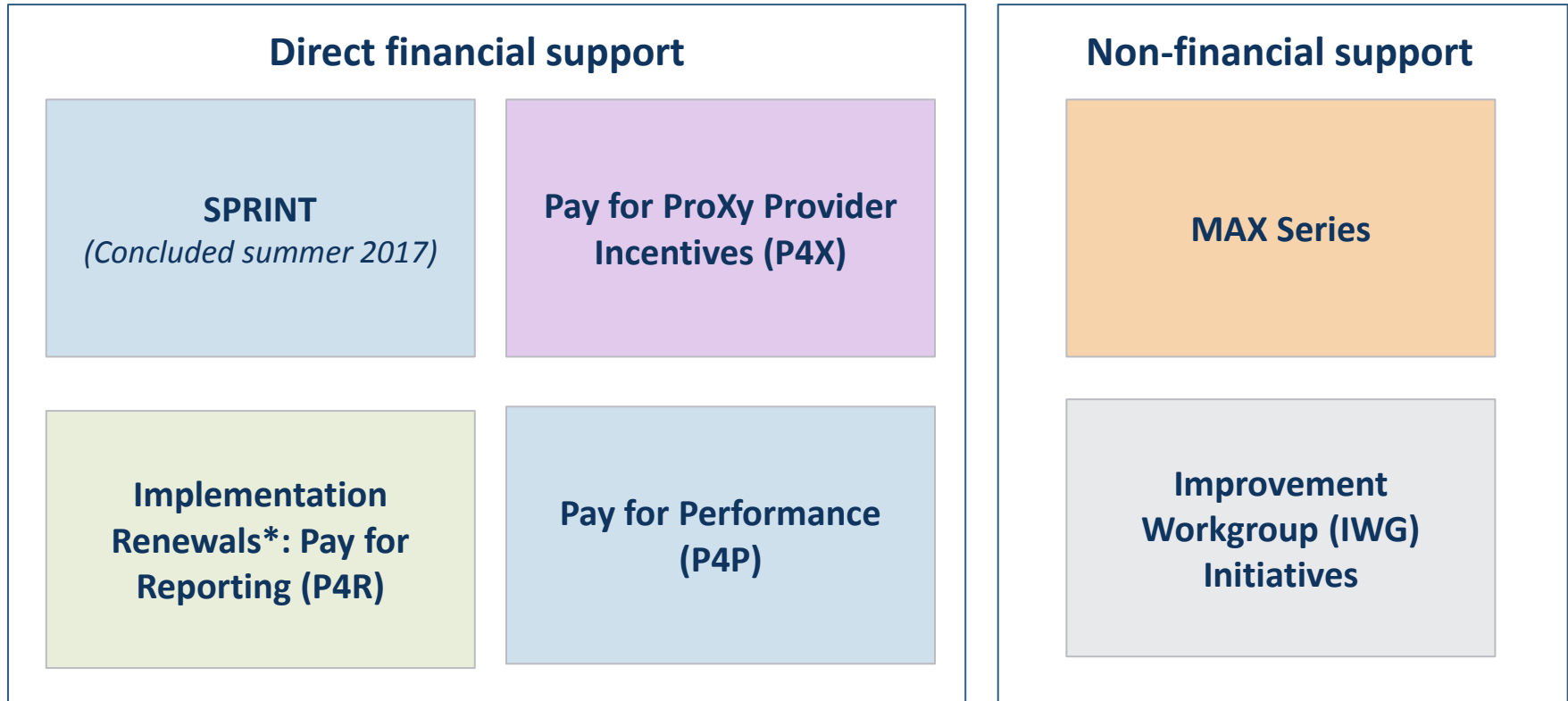
BPHC Projects

Based on a list of 44 potential projects developed by NYS DOH, BPHC chose 10 projects based on priorities identified in the Community Needs Assessment

Domain 2 System Transformation	2.a.i	Create Integrated Delivery Systems
	2.a.iii	Health Home At-Risk Intervention Program
	2.b.iii	Emergency Department Care Triage
	2.b.iv	Care Transitions to Reduce 30-Day Readmissions
Domain 3 Clinical Improvement	3.a.i	Integration of Primary Care Services and Behavioral Health
	3.b.i	Evidence-Based Strategies for Managing Adult Population with Cardiovascular Disease
	3.c.i	Evidence-Based Diabetes Management
	3.d.ii	Expansion of Asthma Home-Based Self-Management Program
Domain 4 Population-wide	4.a.iii	Strengthen Mental Health and Substance Use Infrastructure Across Systems
	4.c.ii	Increase Early Access to, and Retention in, HIV Care

Multiple methods to drive improvement

BPHC plans to drive Continuous Quality Improvement (CQI) efforts through several different channels.



* Renewals of contracts for Implementation Funds for Ambulatory Care and Hospital Programs

Performance Payment Opportunities

Measures for all programs approved by QCIS and Executive Committee.

	Component	Performance Period	Objective	Participants
The Marathon	SPRINT	April-June 2017 (MY3)	Close as many care gaps as possible in 11 Priority Measures for MY3; pilot continuous quality improvement program	Select Primary Care Orgs, CMAs and Community Pharmacies
	Implementation Renewal: Pay for Reporting (P4R)	Fall 2017-Summer 2018 (MY 4)	Continuation of DY2 Start-up funding in DY3; collect data on priority measures, establish P4X baseline	Eligible Partner Orgs
	Pay for ProXy Provider Incentives (P4X)	Fall/Winter 2017- Summer 2018 (MY4)	Single stakeholder continuous quality improvement	Eligible Partner Orgs
	Pay for Performance (P4P)	Ongoing (MY2-MY5)	Pass through funding from NYS earned by BPHC on to contributing stakeholders	Stakeholders determined by IWG/QCIS

Pay for Performance Distribution

- BPHC has distributed Pay for Performance (P4P) funds to partners with a Master Service Agreement (MSA)
 - The number of partners with an MSA is 39 organizations
 - The total distribution adds up to \$5,632,779
- BPHC is working on the distribution of P4P funds to members that do not have currently an MSA signed
 - The number of members getting funds is 120
 - The total distribution for members is \$967,221
- To distribute funds to members without an MSA the following steps have been put in place:
 - Member organizations have been checked against OIG lists
 - BPHC requests a W9 and an ACH form
 - Funds are distributed via wire transfer

Agency and Cross-PPS Collaborations

Public Agency Coordination

Currently working with BPHC

- New York City Department of Health and Mental Hygiene (NYCDOHMH)
- Healthy Homes Program (NYCDOHMH)
- Primary Care Information Project (PCIP)
- New York City Department of Education
- New York City Department of Homeless Services
- New York State Office of Mental Health (OMH)
- New York State Office of Alcohol and Substance Abuse Services (OASAS)

Envisioned to be working with BPHC

- New York City Department of Aging
- New York City Department of Corrections
- Mayor's Office of Immigrant Affairs
- New York City Human Resources Administration
- Bureau of Communicable Diseases (NYCDOHMH)
- Human Resources Administration (HRA)

Cross-PPS Collaboration by Project

- **Cross PPS PC/BH Integration Collaborative**
- **NYCDOHMH Regional Planning Consortium – Behavioral Health PPS Steering Group**
- **Cross PPS MHSA Collaborative**
- **DSRIP HIV Coalition** convened by NYCDOHMH
 - DSRIP HIV Coalition
- **Blueprint for Health Equity** hosted by the Hudson Valley PPS (Workforce)

BPHC Compliance

- On September 1, 2015, the NYS Office of the Medicaid Inspector General issued a revised guidance (replacing an earlier guidance issued on April 6, 2015) regarding DSRIP Compliance. In it, OMIG made clear that since “PPS Leads will be making payments to their network partners in connection with DSRIP project, implementation and performance” the PPS Leads “must dedicate resources toward implementing a compliance program that will assist in preventing and identifying Medicaid payment discrepancies related to DSRIP payments.” DSRIP CG 2015-01 Rev., page 1.
- In response, BPHC developed a compliance plan and code of conduct for the PPS, outlining how BPHC will build its DSRIP Compliance program. Please review this carefully.

BPHC Compliance

BPHC Compliance Program– Consists of 8 elements required for an effective compliance program

1. Written policies and procedures that describe compliance expectations as embodied in a code of conduct or ethics;
2. Designation of a Compliance Officer who oversees the daily operation of the Compliance Program;
3. Training and education of all affected employees and persons associated with the provider on compliance issues, expectations, and the Compliance Program;
4. Communication lines to the Compliance Officer that are accessible to all affected individuals to allow compliance issues to be reported, including a method for anonymous and confidential reporting;
5. Disciplinary policies to encourage good faith participation in the Program;
6. System for routine identification of compliance risk areas and non-compliance;
7. System for responding to compliance issues when raised, for investigating and correcting problems; and
8. Policy of non-intimidation for good faith participation in the Program.

Reporting a Compliance Issue

BPHC has established a phone number for receiving complaints: **1-855-813-7351**. For those of you who prefer, you may also file your complaint by visiting: **www.bphc.ethicspoint.com**. You have the option of making your complaint anonymously.

Thank You!



BRONX PARTNERS FOR HEALTHY COMMUNITIES



Please visit our website: www.bronxphc.org
Contact info@bronxphc.org with DSRIP related questions.

