

Pay for Performance Demonstration Projects Questions and Answers

Modification to the Request for Applications: The due date for applications has been changed from August 1 to August 8, 2006.

Modification to the Request for Applications: On the second page of the “Evaluation of Applications” section (p18, 2a) the RFA states "More that one of the six elements described on page 3". It should read, "More than one of the six objectives described on p.5.

Q1. In reviewing the Pay for Performance RFA, no where did I see anything that gave any indication as to what is the amount of the grant reward. Could you please shed some light for me?

A1. Up to \$9.5 million is available to support five demonstration projects for a period of two years.

Q2. Can home health agencies or nursing homes apply on their own or as part of a coalition to participate in the pay for performance initiative that was recently released?

A2. A home care agency or nursing home could not apply by itself. The NYSDOH is looking for regional collaborations among payers, hospitals, clinics and physicians. A home care agency or nursing home could participate in a Demonstration Project’s network however, they would have to use measures selected by the Commissioner’s Workgroup and no state funding of incentive payments would be allowed to go to these entities.

Q3. Would an application that involved collaboration between Jamaica, Flushing and Brookdale Hospitals with Neighborhood Health Providers and HealthFirst managed care plans be considered acceptable?

A3. Applications must demonstrate that individuals in Medicaid, Child Health Plus, and Family Health Plus do not represent more than 50% of the total individuals covered by the demonstration project and no more than 50% of the amount of total reimbursement. This should be measured by identifying member enrollment and premium by product line for the plans involved in the demonstration project as of 12/31/05 and calculating the percentage of total enrollment and premium that is for Medicaid, Child Health Plus and Family Health Plus combined. If the demonstration project intends to work with a subset of each plan’s network and/or with a subset of measures, the applicant may include in the 50% calculation only those providers and members that would be covered by the demonstration. To illustrate, if the demonstration involved multiple payers working with two provider groups, the 50% test could be measured by including only the patients of those two provider groups.

Q4. Is this RFA subject to the new procurement laws or is it more of a grant that is not subject to the procurement laws?

A4. The new procurement laws do not apply. These projects will be funded as grants.

Q5. Will the grantee(s) be part of NYSDOH's establishment of required data elements, file layout, and mechanisms for data collection and schedule for submission? If so, what will be the time frame for defining each of these?

A5. The NYSDOH will work closely with grantees to establish required data fields, file layout, mechanisms for data collection and schedule for submission. The timeframe for defining these will be within the first three months after contracts are established. (p.6, 2nd paragraph)

Q6. Will NYSDOH release a separate RFP to assist in data collection? If so, when? If not, what mechanism will be used to contract with a vendor?

A6. The data collection and aggregation referenced in the RFA will be conducted by the state's EQRO. We do not intend to issue a separate RFP for a vendor to assist in data collection.

Q7. If NYSDOH contracts with a vendor to assist in data collection can that same vendor also be a grantee or a subcontractor to a grantee of this RFA?

A7. No, the NYSDOH will not allow the vendor who assists in data collection to also receive grant funding for a Pay for Performance demonstration project.

Q8. Certain health plans within the State of New York claim that provider identifier information is proprietary information. If we are the aggregator for one of these demonstration projects, what support would DOH provide the grantee (or its subcontractor) in obtaining the provider identifiers for DOH to measure provider performance?

A8. All data from the demonstration projects will be processed by the department's EQRO. As such this is not an issue.

Q9. The project timeline between the application deadline, award of contracts, and begin date appears to be aggressive. What is the likelihood that these dates will get extended?

A9. The NYSDOH anticipates that the projects will begin as scheduled. If they get delayed in the contracting process the two year project timeframe will be extended accordingly.

Q10. When will NYSDOH define the term "periodic basis?"

A10. The term "periodic basis" will be defined after the NYSDOH has had time to review the types of projects we intend to fund.

Q11. Will the formats for interim reports be defined by NYSDOH? If so, when will they be provided to the grantees?

A11. The format for reporting will be disseminated to grantees within the first three months after contracts are established.

Q12. Please provide samples of vouchers that grantees will need to submit to NYSDOH.

A.12. Samples of vouchers can be found on the state Comptrollers website (www.osc.state.ny.us). Form AC-92.

Q13. If questions and answers, as well as updates and/or modifications, are delayed in being posted on your website past the May 30, 2006 time frame, will the application deadline of August 1, 2006 be extended? If so, would it be for the number of days the posting is delayed?

A13. The August 1 deadline for applications has been extended to August 8, 2006.

Q14. Will NYSDOH issue a list of attendees at the May 25, 2006 Bidder's Conference? If so, when and how will the list be made available?

A14. The NYSDOH will make a list of attendees available when the questions and answers are posted to the website.

Q15. May an applicant and/or subcontractor file more than one application?

A15. Payer or provider organizations may appear in more than one application.

Q16. Please provide some examples of what you mean by "minor irregularities in applications."

A16. Minor irregularities are errors in the RFA that were overlooked before the document was published. Resolution of these irregularities would in no way provide an advantage to one applicant over another.

Q17. Please provide guidelines as to what the Department of Health refers to as "acceptable timeframes."

A17. If contract negotiations do not lead to a finalized workplan and budget and all necessary paperwork to complete the contract is not submitted within three months of award notice the NYSDOH may begin negotiations with the next qualified applicant.

Q18. Will NYSDOH define the formats for the biannual progress reports and final reports? If so, when will they be provided to the grantee(s)?

A18. Yes, the NYSDOH will define the formats for the biannual progress reports and final reports. They will be provided to grantees within three months of contract execution.

Q19. If the project narrative is to be no longer than 20 double-spaced, one-side pages (excluding Title Page [Page 1] and Abstract Page [Page 2]), then shouldn't the Project Narrative be labeled "(Pages 3-22)?"

A19. Yes, the project narrative should be labeled pages 3-22.

Q20. Will the State accept additional materials as attachments (e.g., sample reports, examples) in support of our Project Narrative? If so, where in the application should they be placed – after the Letters of Support/Commitment?

A20. No, the NYSDOH will not accept additional materials or attachments. Applicants may reference these materials in their application and indicate sources.

Q21. Would it be acceptable for the applicant to use Microsoft Project Plan format within the word document to list tasks, roles, problems or barriers?

A21. Yes, Microsoft Project Plan format would be acceptable for this section.

Q22. May the attached budget forms (Attachment 6) be modified or changed by the applicant?

A22. No, the budget forms may not be modified.

Q23. Applications should not exceed 20 double spaced typed pages (not including the cover page, budget and attachments). Should this also not include the abstract page (Page 2)?

A23. Applications should not exceed 20 pages excluding title page, abstract page, budget and attachments.

Q24. In the event that NYSDOH determines the need for a one-day briefing/summary meeting, when will the applicant(s) be notified of the date, content and format of the meeting?

A24. Applicants will be notified of the need for a one-day briefing sometime after August 1, 2006. Meetings will be arranged at a mutually agreeable time.

Q25. The forms are currently in a pdf format which requires the applicant to recreate them. Can the attachments be made available in Microsoft Word format to facilitate ease of completion?

A25. Forms will be made available in Word format and posted to the NYSDOH website.

Q26. Please specify which Attachments and other information should be provided by subcontractors.

A26. There are no application requirements for subcontractors.

Q27. Would Medicare or self-pay individuals meet the criteria of being in a population other than Medicaid, FHPlus, CHPlus?

A27. Medicare and self-pay would meet the criteria of being a population other than Medicaid, FHPlus or CHPlus; however, the applicant would need to explain the source of incentive funds that would be used for these populations. Payers need to contribute matching funds for members involved in Pay for Performance demonstrations. Funding for the incentive attributable to Medicare and self pay cannot be paid out of revenue received for Medicaid, FHPlus and CHPlus.

Q28. How are you defining regional? Would one payer and a large regional provider meet the criteria?

A28. The NYSDOH is not defining the regions for this project. One payer and one large regional provider would not meet the criteria. The NYSDOH is looking for collaboration among regional payers and providers.

Q29. What does SDOH oversight of the data mean?

A29. The NYSDOH intends to contract with a vendor to act as a central data repository for all the demonstration projects.

Q30. Are there a minimum number of members that must be impacted by the project?

A30. There is no established minimum number of members that must be impacted by the project.

Q31. Will transcripts of the Applicant Conference be made available?

A31. Transcripts will not be made available but all questions and answers submitted prior to the Applicant Conference as well as those raised during the conference will be posted on the NYSDOH website.

Q32. Why is Medicaid fee-for-service participation limited to demonstrations that focus on hospital inpatient measures only?

A32. Medicaid fee-for-service participation is limited to hospital inpatient measures because the NYSDOH felt that it would be too difficult to assign responsibility for care to a single provider in an ambulatory setting.

Q33. Can Federally Qualified Health Centers (licensed as Diagnostic and Treatment Centers, or D&TCs, in New York State) participate in Medicaid fee-for-service demonstrations?

A33. No, Pay for Performance demonstration projects that involve Medicaid fee-for-service recipients are limited to those projects involving payers and hospitals that focus on inpatient measures.

Q34. Are Federally Qualified Health Centers eligible to participate in collaborative proposals that reward ambulatory measures?

A34. Yes, FQHCs could participate in a regional collaborative proposal that rewards ambulatory measures.

Q35. Can Federally Qualified Health Centers that demonstrate capacity to collect and report standardized data participate in a statewide collaborative demonstration project reporting ambulatory data?

A35. Yes, FQHCs could participate in a statewide collaborative proposal for ambulatory measures.

Q36. I would appreciate clarification as to the definition of terms used in the RFA: Please provide a definition for “Hospital” as referred to in the RFA on page number 7 under Collaboration. Please provide a definition for “Clinics” as referred to in the RFA on page number 7 under Collaboration.

A36. Any inpatient facility or clinic licensed under New York State Law would qualify.

Q37. Is a single statewide application from multi payers utilizing the same set of standardized measures eligible for a grant within this RFA?

A37. Yes.

Q38. Is a single statewide application from multi payers utilizing the same set of standardized measures solely for ambulatory measures eligible for a grant within this RFA?

A38. Yes.

Q39. Can a statewide RFA application incorporate a data aggregator? If so, what financial resources have been set aside for the data aggregation? Can these funds be made available and utilized by the statewide applicant?

A39. No. The applicant may not propose to act as the data aggregator. The State’s EQRO has been identified to perform this function for all demonstrations. See Question #54 for additional information on the respective roles of the data aggregator and the demonstrations.

Q40. Has the Department identified a vendor or vendors for data aggregation as described on page six in the data collection section? If so, who is the vendor or vendors?

A40. The data repository will be managed by the Department's external quality review organization.

Q41. The RFA proposes to create a data repository for data aggregation of the measures by the grant awardees. Data ownership and rights are a major concern for all parties involved in any multi payer data aggregation pay for performance coalition. Can the Department provide data sharing agreements that define policies and procedures for data sharing of clinically relevant, standardized performance measurements and explain who will be the "owner" of the data sets, the reports and report cards?

A41. Yes, the Department will provide data sharing agreements that define policies and procedures for data sharing once they are developed.

Q42. Will the Department provide information on the vendors as described on page six Data Collection, depth and breadth of experience in:

- providing analytic and reporting services?
- developing, implementing, and maintaining provider evaluations systems for coalitions or associations?
- data management?
- development of analytic tools?
- measure documentation for outputs (e.g., rule definition, references, ownership)?
- data quality evaluation process?
- output information?
- in data verification and auditing?
- sample and specialized reports at the provider and practice level?
- external physician quality benchmarks
- methodologies and algorithms for patient linking and physicians reliably across multiple plans data sources that employ different identifiers

A42. The vendor selected has relevant experience in all the areas referenced above.

Q43. To develop a collaborative response to the P4P RFA we are requesting detailed information on the vendors' file format specifications.

A43. Vendor data file specifications will not be provided until all applications are reviewed and successful applicants chosen.

Q44. To develop a collaborative response to the P4P RFA we are requesting detailed information and sample reports demonstrating the ability of the data aggregator described on page six Data Collection, to produce standardized provider level and practice level report cards for all measures identified in the RFA that can be incorporated in a website to disseminate the quality measurement on clinical performance assessments to provide transparency to consumers and other purchasers of health care.

A44. Standardized reports will not be made available prior to the deadline for submission of applications. There is no legislative requirement to make public the provider level performance

of providers involved in the Pay for Performance Demonstration projects and at this time the NYSDOH has no intention of producing report cards for participants in this demonstration project. Individual demonstration projects may include a report card type component in their proposals if they choose to.

Q45. What are the timeframes, or timelines for data aggregation described on page six under Data Collection reporting (including data collection and data verification) and the availability of final data reports (both aggregated at the provider level and payer level)?

A45. Timeframes for data collection and data aggregation will be dependant upon how quickly Demonstration Projects get underway. We would anticipate that the vendor will be prepared to receive data by spring of 2007.

Q46. Will the state provide the data analysis tool from the data aggregator described on page six under Data Collection that will be utilized for quality measurement? Are the tools nationally recognized? Who is the developer of the tools?

A46. Tools will be developed by the vendor and then adjusted in collaboration with successful applicants.

Q47. Hospitals are currently required to report a number of quality measures through the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website in a national project called the Hospital Quality Alliance (HQA): Improving Care through Information. New York State currently provide measurements for hospitals on a website for; heart conditions, pneumonia care, surgical infection prevention and performance of coronary artery bypass graft, angioplasty or pediatric heart surgery. Given that an enormous amount of transparency currently exists on numerous inpatient measures both the national and state level will the state consider multi payer statewide collaborative proposal, that incent and reward only ambulatory care providers?

A47. Yes, the state will consider a multi payer statewide application that rewards only ambulatory care providers.

Q48. Will the Department provide the RFA in a non PDF format?

A48. The Department will post the RFA as a Word document on the Department's website.

Q49. The NYS DOH requires collaboration between regional providers and payers. There are a number of payers we may partner with. We must balance the number of potential collaborators with the ability to focus our improvement efforts. Will provider collaborations with larger numbers of payers be judged more favorably than those with a smaller number?

A49. Applicants that have larger numbers of payers will not necessarily be scored higher than those with fewer. It is up to each applicant to describe why they chose to partner with the payers they have selected and convince reviewers why this will result in a productive collaboration.

Q50. Page 19, item 2h. "The commitment of the collaborators" In addition to payer commitment in planning and implementation activities, will payer commitment be judged more favorably if they provide financial incentives than if they do not?

A50. Payers must provide financial incentives to be considered for funding. The state will only provide for matching funds. (P.4, last paragraph)

Q51. Page 17, item C.2. "Demonstration projects must clearly define the geographic and service areas." Collaboration with specific payers will require focus on patients covered by these payers. However, these payers may not represent all patients seen by providers participating in the demonstration. Will applications that are centered more on all patients of collaborating payers or on all patients of collaborating providers be viewed more favorably?

A51. Applicants will need to describe the measures they intend to select, why they were selected and then describe how the providers they partner with can improve the care related to the measures. The applicants will not be judged on the percentage of patients from each provider's panel that are involved in the improvement project.

Q52. How will statewide applicants be reviewed against smaller, regional applicants?

A52. Application will be reviewed against the evaluation criteria that begin on page 17 of the RFA. Regional versus statewide projects are not part of the evaluation criteria.

Q53. Is there an antitrust issue for payers who collaborate on incentives for providers?

A53. We do not believe there are antitrust issues; however, if it is a concern, applicants should consult with their counsel to ensure that what they are proposing does not violate antitrust statute. We also note that the RFA does not require payers within a collaborative to agree upon the amount of financial incentives.

Q54. Please clarify the responsibilities of the state's data aggregator versus the responsibilities of the demonstration project. Also explain what functions when performed by the demonstration project can be supported by grant funds?

A54. The NYSDOH does not intend to pay Demonstration Projects for data aggregator functions that will be conducted by the EQRO. Applicants need to demonstrate that they are not duplicating EQRO functions. The information below delineates roles for the data aggregator and applicants with respect to collecting, analyzing and reporting back data and information.

Data Aggregator Functions:

- Define data submission file specifications.
- Accept data from project lead agency, payers or providers.
- Aggregate data and develop data reports based on grantee needs and consensus meetings.
- Develop ad hoc reports that can be accommodated within the work scope and budget.

Demonstration Project Data Functions (demonstrations may request grant funding to support the activities listed below):

- Measure performance at plan, and or provider level.
- Audit data from participating providers if applicable.
- Develop benchmarks or goals for measures.
- Collect summarized data by measures from network providers and submit to data aggregator or have providers submit data directly.
- Use reports from the data aggregator to assess performance, reward physicians, plan quality improvement activities.

Q55. Will a centralized data aggregator be able to prepare provider specific reports but not publish them publicly?

A55. The role of the data aggregator is to provide a central repository of provider performance to be used for this grant program only. The NYSDOH has no intention to publish this data however grantees may choose to.

Q56. Can data be summarized at the level of aggregation as specified by the grantees?

A56. The state and the EQRO will work closely with grantees to meet the specific needs of each Demonstration Project

Q57. What level (state or demonstration project) determines how data will be aggregated?

A57. Grantees will decide how they want their data to be aggregated. The data aggregator will work with grantees on common formats and report structures.

Q58. Wouldn't there have to be a third party to aggregate data for incentive payment (ex., if a practice is to be given incentive payment, rather than individual MD, plan needs to be able to aggregate this way)?

A58. Applicants need to define how they want data reports from the aggregator to be summarized. Payers within a region will need to agree on common definitions of group.

Q59. If we make a projection of payout for pmpm and there's a shift in number of members, we will not be meeting our projected benchmark for incentive.

A59. Projections based upon estimates using current membership data are sufficient. The NYSDOH recognizes that membership levels may shift. However increases in membership cannot be used to justify additional funding once a grantee's contract is executed.

Q60. Does DOH have any contact with large payers or is it up to the applicant to identify collaborators?

A60. It is up to the applicant to identify regional payers with which they intend to collaborate.

Q61. Do applicants have to address all the six objectives? Regarding the public reporting objective – will performance data be made public?

A61. Applicants only have to address one of the objectives in their applications, although applications that address more than one will be scored higher. Demonstration projects may decide to include a public reporting function in their applications. Public reporting, referred to in Legislative objective #5 of the RFA (page 5, III, Objectives) doesn't necessarily have to be at a provider level. It could be a group practice, clinic, or other aggregation determined by the demonstration project.

Q62. Hospitals already report a lot of data, physician data is in claims, is applicant expected to submit all data to EQRO or put it together themselves?

A62. The EQRO could aggregate your data and report back to the grantee at a provider or hospital level.

Q63. Can tasks for data collection on the applicant level be funded by grant?

A63. Any of the demonstration project tasks defined in question in answer #54 under Demonstration Projects Funds could be funded by the grant.

Q64. Did DOH define provider?

A64. Provider is defined on p.5, Part II of the RFA and includes hospitals, clinics and physicians. This is consistent with the legislation which authorizes the Commissioner to select demonstrations that use workgroup metrics to measure and reward physician, clinic and hospital performance.

Q65. If payouts are on a sliding fee schedule, could these be vouchered?

A65. Grantees will need to provide documentation that incentive payments have been made to physicians, clinics and hospitals in order to draw down matching grant funds.

Q66. If you are contemplating a pay for participation model to have office adoption of technology, would that still need to be submitted to data aggregator?

A66. A project that was contemplating a "pay for participation" model would still need to select either ambulatory or inpatient measures to work on and that data would need to be submitted to the data aggregator.

Q67. What is the defined use of data submitted by grantees during or after grant?

A67. Data will be used to assess each grantee's ability to meet deliverables associated with their work plan. Data will also be used to measure each project's ability to improve performance.

Any data that is publicly reported (e.g. in reports to the Legislature) will only be used in the aggregate. No physician level reporting will be done by the state.

Q68. Does the infrastructure funding require match or just the incentive?

A68. Only incentive funding needs to be matched by the demonstration projects; funding for such things as administration of the demonstration, pay for participation and quality improvement work does not need to be matched.

Q69. Are we limited to those measures listed in the RFA or can we add to them and would the data aggregator be able to accommodate them?

A69. Applicants are required to use measures selected by the Commissioner's Workgroup. Additional measures may be added and the data aggregator will be able to compile these measures as well.

Q70. Will some measures selected be evaluated higher?

A70. Yes, demonstration projects that include measures listed on page 18, 2c of the RFA will be scored higher than those that do not.

Q71. There are no home health or nursing home measures in the measurement set. If these entities were part of collaboration can an applicant create measures for them?

A71. No. Also see response to Question #2.

Q72. Can a demonstration project be based on a current project or does it have to be new?

A72. The application can describe expansion of an existing project or something new. However, applications that propose to use grant funds to supplant existing resources will not be considered.

Q73. Who can the grantee be? Does the lead applicant have to be a provider or payer? Can a trade organization be applicant? Can a provider network be an applicant?

A73. The lead applicant can be a payer, a hospital, a clinic, a network or a trade organization.

Q74. It is our understanding that an application focusing and utilizing only trauma care data (and increasing or decreasing the payer's reimbursement rates based on the scoring) would not be accepted or approved by DOH under this RFA because the application would not be utilizing any of the performance measures listed in the RFA (cardiac, infection control, etc) and trauma care is not on the list of inpatient measures in the RFA.

A74. That is correct. The state would not fund such a project under this initiative.

Q75. Will the state view an application more favorably if the data is collected by a RHIO?

A75. No.

Q76. Our health plan is a co-signor to one of the approved HEAL grant proposals related to use of regional EMR. We would like to know if we could piggy back the P4P grant money to pay incentives to providers participating/included in the HEAL grant program. Also, can we have the detailed specifications for all the non-HEDIS measures?

A76. Proposals that involve collaboration with regional payers and providers, meets the cap of 50% involvement for CHPlus, FHPlus and Medicaid managed care and includes measures contained within the RFA will be considered for funding. Detailed specification for non-HEDIS measures can be obtained from the sponsoring organizations.

Q77. Would advanced practice nurses be eligible for incentives?

A77. Advanced practice nurses would not be eligible for incentives that were 50% state funded.