



Finger Lakes Performing Provider System & COPE Health Solutions



Partner Contracting Process & Funds Flow Overview

All PPS Meeting
June 18, 2015

FINGER LAKES PERFORMING PROVIDER SYSTEM & COPE HEALTH SOLUTIONS



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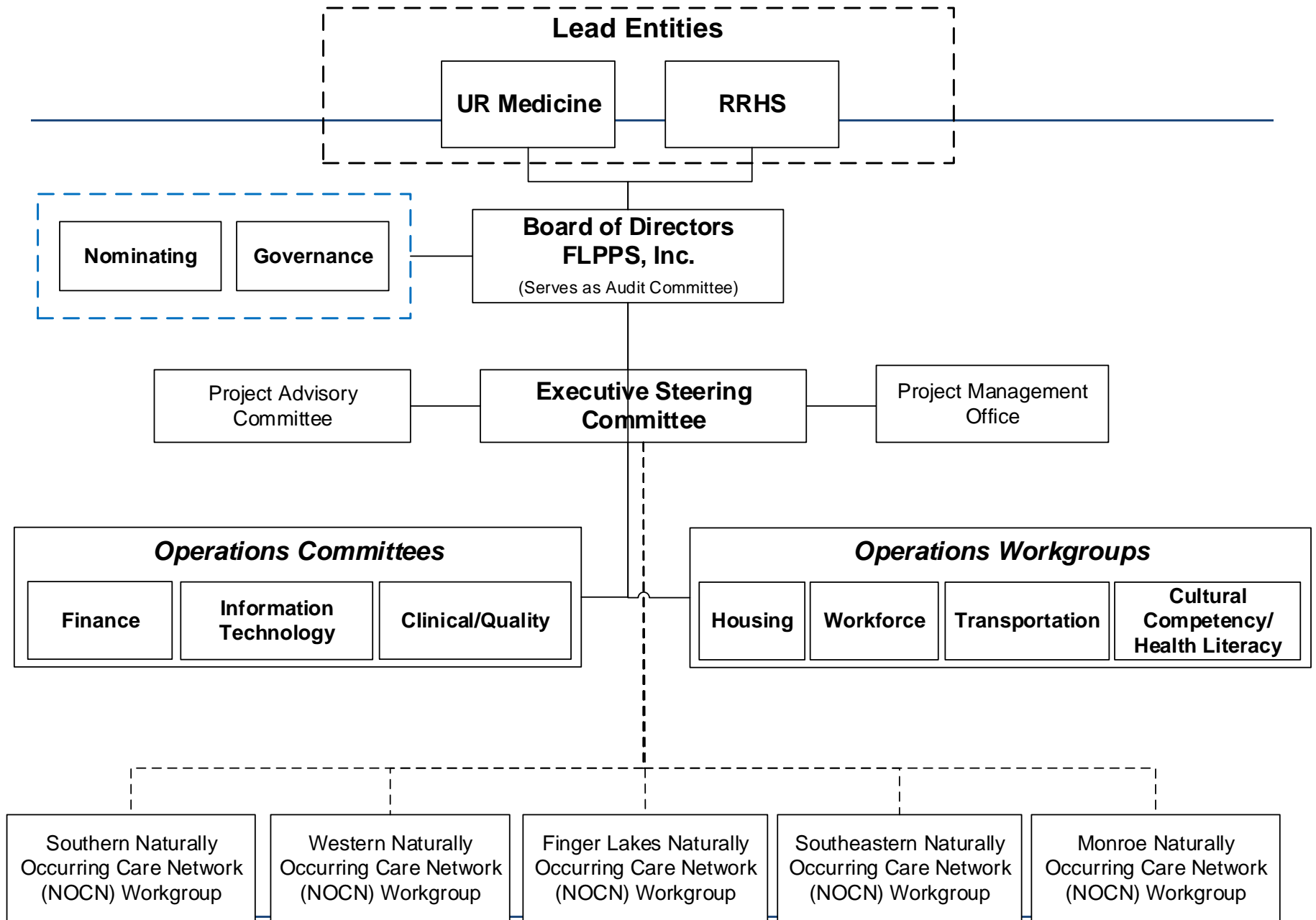


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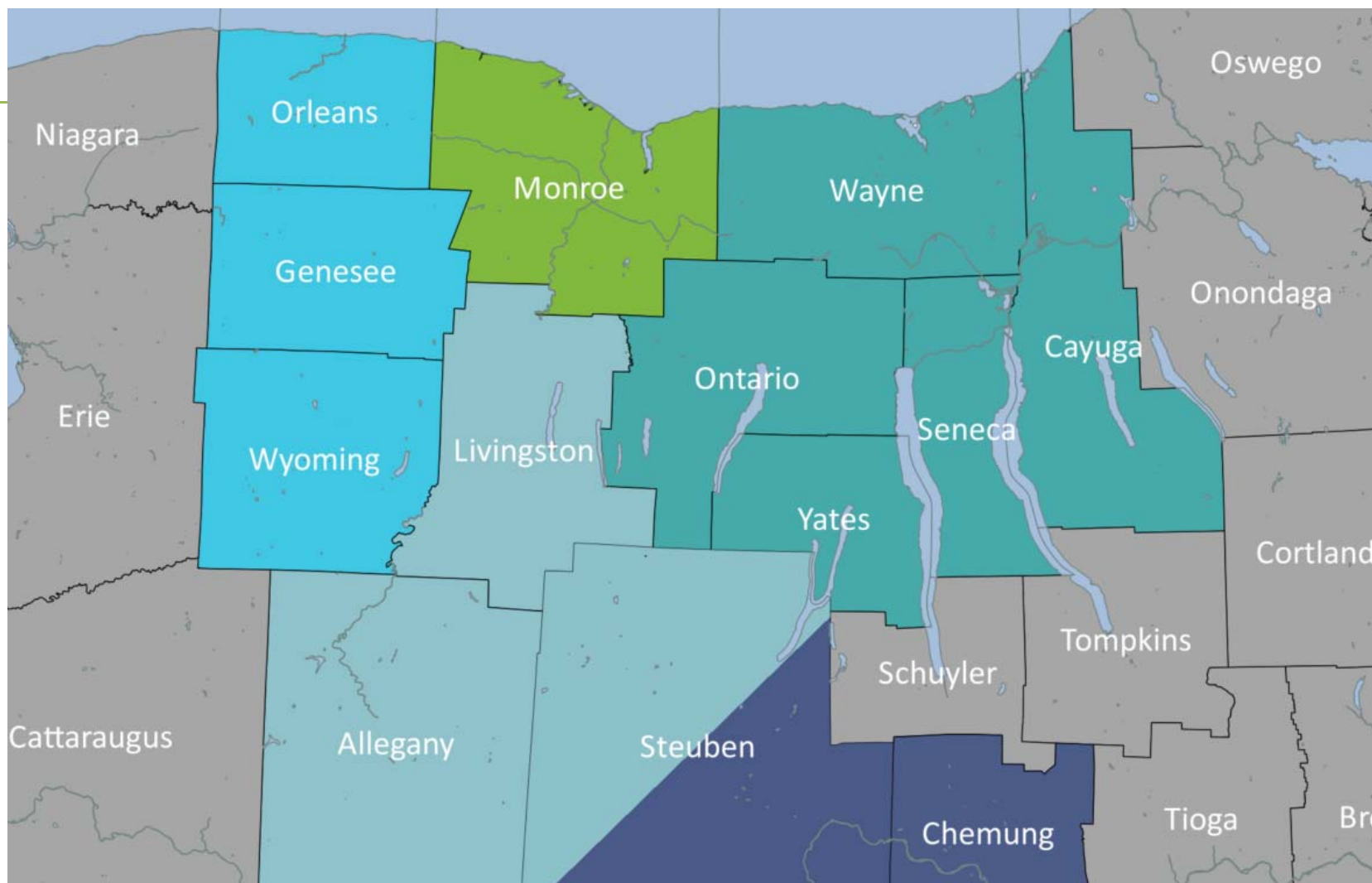
Today's Agenda

- FLPPS Overview
- FLPPS Funds Flow Overview
- FLPPS Partner Contracting Plans
- Key Dates and Next Steps

FLPPS OVERVIEW



FLPPS NOCN Regions Map



FLPPS performance attribution as of March 29, 2015:

Medicaid Members: 296,058

Uninsured: 100,414

NOCN Key:

■ Northern
■ Monroe
■ Southern

■ Finger Lakes
■ Southeastern

FLPPS Projects

- 2.a.i. - Integrated delivery system
- 2.b.iii - ED care triage
- 2.b.iv - Care transitions
- 2.b.vi - Transitional housing
- 2.d.i - Patient activation for special populations
- 3.a.i - Behavioral health integration
- 3.a.ii - Crisis stabilization
- 3.a.v - BIP in Nursing Homes
- 3.f.i - Maternal/child health CHW program
- 4.a.iii - Strengthen mental health/substance abuse infrastructure
- 4.b.ii - Increase access to chronic disease prevention and care

FLPPS FUNDS FLOW

FLPPS Funds Flow

Budget Category	%
Administrative Costs for FLPPS	15%
- Staffing the Project Management Office (PMO), PMO operations, running FLPPS and management of centralized services for DSRIP project implementation, and cost of DSRIP project implementation, including the development and management of centralized services	
Sustainability Fund	10%
- Maintain funds for use to transform to performance and value-based contracting.	
Contingency and Revenue Loss Fund	10%
- Needs such as non-covered services, high costs for niche populations, need for specific population health expertise, termination of state funding streams, and other unforeseen levels of utilization	
- Support FLPPS providers who are essential to FLPPS success but may be at risk for financial losses and have exhausted all other financial resource options	
Partner Share of Funds	65%
- 85% based on performance on project metrics	
- 10% based on response to surveys, information requests, and engagement in planning and governance	
- 5% for non-qualifying providers (includes CBOs and non-safety net providers who do not have attributed lives)	
Bonus Funds	
- If FLPPS receives bonus funds from the state based on performance, those will be distributed to the underlying providers contributing to that performance	
Total	100%

PHASED CONTRACTING OVERVIEW

Key Principles Proposed

Phase I

- **Provider network not yet in place**
- **Awaiting details from State on Domain 2-4 outcome measures**
- **Pre-Planning, Planning, Potentially Early Reporting and Performance**
- **Clinical input into roles**
- **Performance period: July – September 2015**
- **Partner Payment 1: October 2015**
- **Amount of payment: Fraction (30-40%) of May 2015 partner share of funds**

Phase II

- **Initial Network in place, roles clear, state has defined Domain 2-4 outcome measure baseline and reporting requirements**
- **Performance and Reporting**
- **Performance period: October 2015 – TBD**
- **Partner Payment 2: February 2016**
- **Amount of payment: Fraction (30-40%) of May 2015 partner share of funds + Jan 2016 payment**

Phase I Key Assumptions

- No payments will be made to providers before PPS receives payment
- No payments will be made to providers without executed Phase I contracts
- Providers will not receive any payments prior to meeting defined milestones
- If PPS is subject to funds recoupment or forgoes payment due to missed milestones dependent on provider participation and input, providers **may be** subject to proportionate recoupment or decreased payment
- There will be a provider communication and outreach strategy through which Phase I contracting will be undertaken

Phase I

PPS Payment from DOH

Partner Share of Funds
(up to 65%)

95 % for Safety – Net Providers

5% for Non-Eligible
Providers

Maximum Partner Incentive Payment Allocation

Partner Reporting
(variable % based on eligibility)

Partner Performance
(variable % based on eligibility)

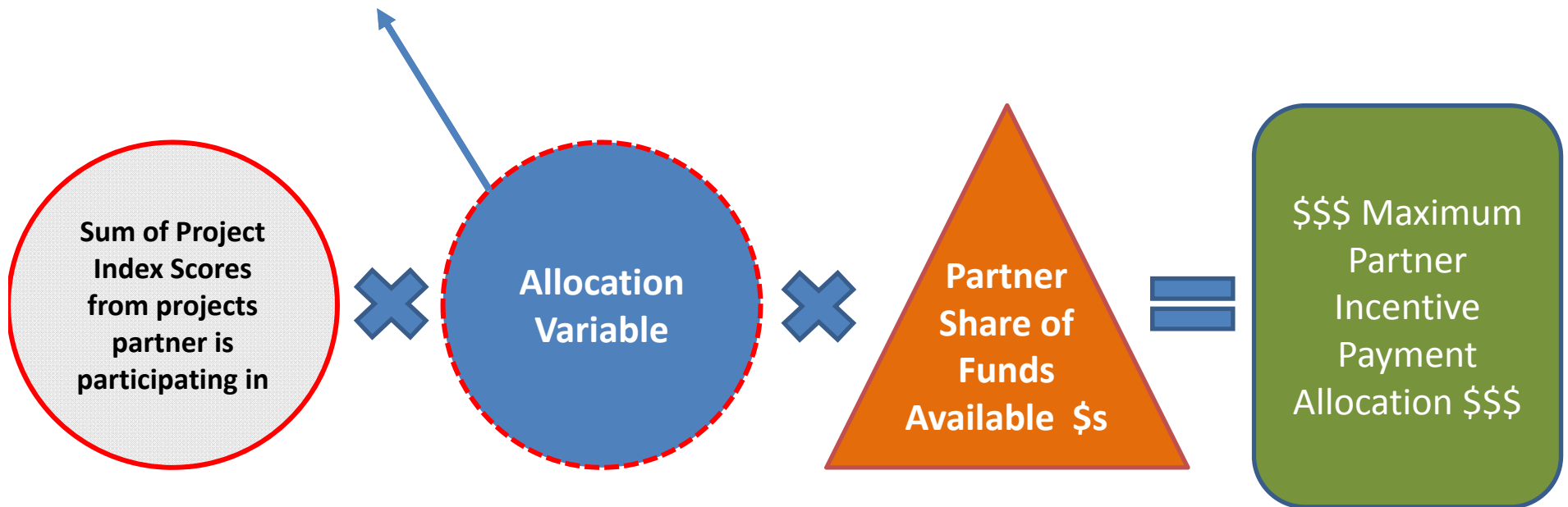
Partner Engagement
(variable % based on eligibility)

Partner Incentive Payment Received

High Performance Bonus Pool
Unearned Dollars

Maximum Partner Incentive Payment Allocation – Phase I

Equitable approach that takes size and complexity of partner into consideration



Phase I Incentive Payment Components Defined

Phase I Contracting Components

Partner Engagement

Partners will receive payments for participation in activities related to, but not limited to: PPS wide webinars, meetings, summits, surveys, and other opportunities as defined by FLPPS

Partner Reporting

Partners will receive payments for reporting on key deliverables and progress towards meeting key milestones on time per protocol in terms of required content and use of a template.

Partner Performance

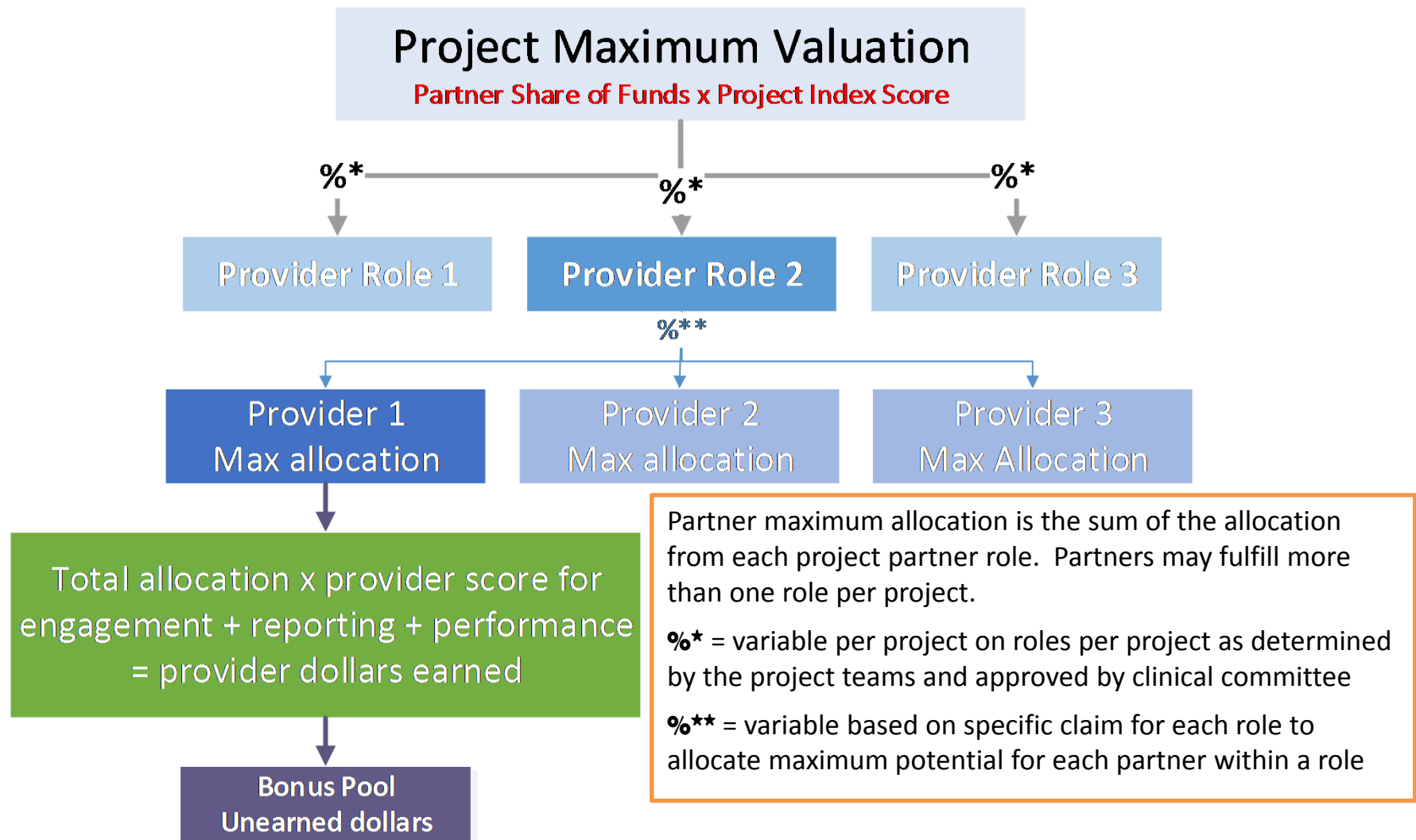
Partners will receive payment based on process or outcome goals and level of achievement against a set goal or benchmark (from the group or other benchmark)



Incentive Payment Component Assumptions

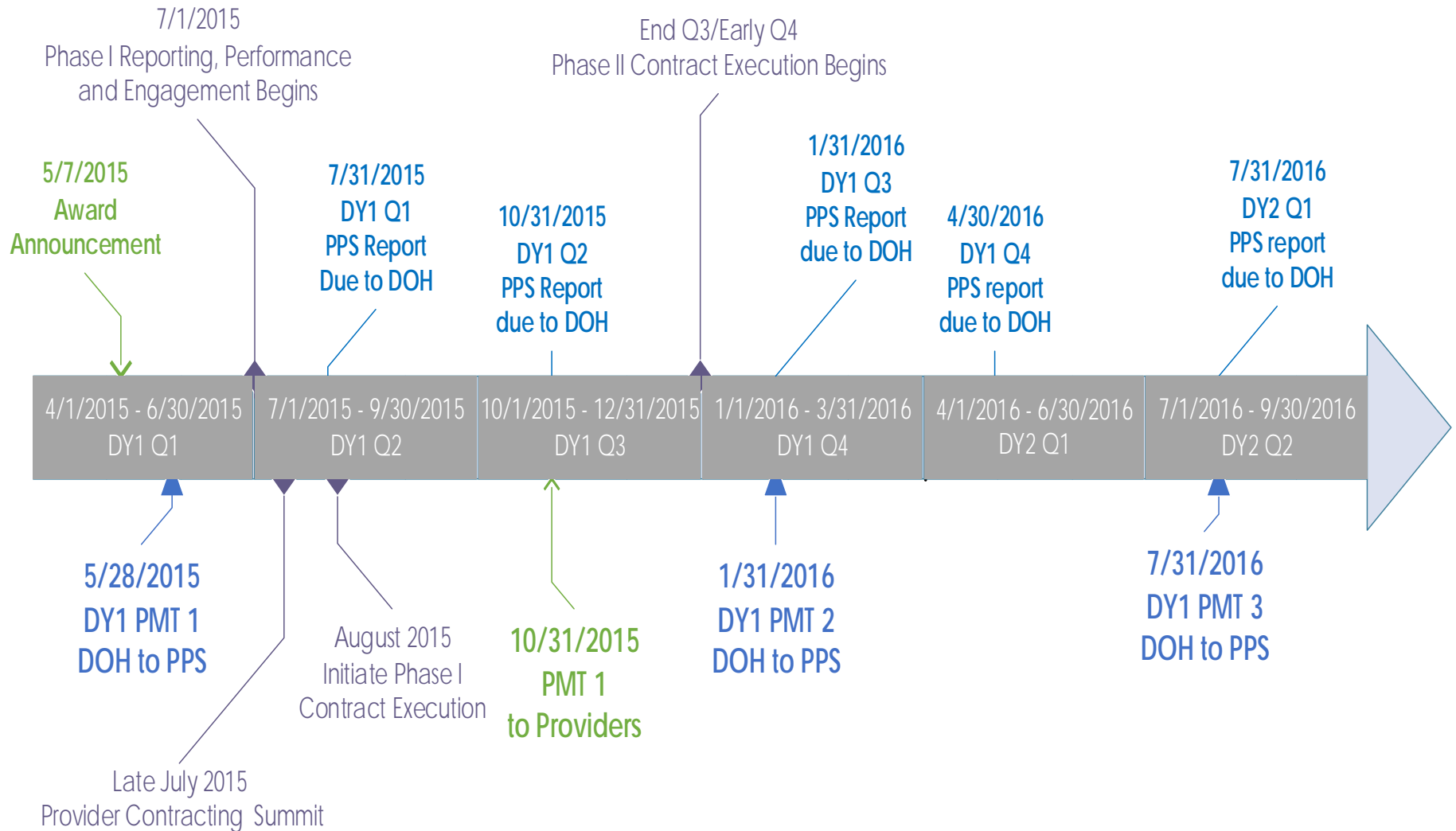
- Each component will have a scoring methodology that will contribute to the determination of total payment to provider
- % assigned to each component will vary depending on provider complexity to make draw down opportunities equitable across large and small providers
 - Partners with Speed & Scale goals have higher performance % versus partners that do not in initial Phase

Phase II



TIMELINE AND KEY STEPS

Phase I Contracting Key Dates



Contracting Key Steps

- Identify allocation variable and data source
- Identify Phase I participating partners
- Component requirements and methodologies defined
- Communication and final approvals
- Phase I performance period begins

- Phase I contract execution
- First payment to providers
- Phase II methodology complete
- Phase II performance period begins
- Phase II contract execution
- Second Payment to Providers

QUESTIONS???