

Albany Medical Center Hospital PPS DSRIP Year 2, Quarter 2 APPEAL

Albany Medical Center Hospital PPS (AMCH) submitted an appeal requesting that the Independent Assessor (IA) reconsider and determine the Achievement Value (AV) awards for the following Project Requirements/Milestones and/or Modules.

Project 2.a.i Milestone 4

Required Documentation

The PPS was required to meet its Project Implementation Speed and Scale commitments in order to earn the Achievement Value for this milestone.

Independent Assessor's Initial Determination

Initial IA Determination

Project 2.a.i. Milestone 4 - FAIL

Rationale for Initial IA Determination

Project 2.a.i. Milestone 4

PPS Committed Number - PCP: 47

PPS Reported Number – PCP: 29

PPS Committed Number – Non-PCP: 79

PPS Reported Number – Non-PCP: 39

PPS Committed Number – Hospital: 2

PPS Reported Number – Hospital: 2

PPS Committed Number – BH: 16

PPS Reported Number – BH: 16

PPS Committed Number – SNF: 34

PPS Reported Number – SNF: 3

The PPS did not meet its Project Implementation Speed and Scale commitments for this milestone.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA's initial determination. In its request for reconsideration, AMCH stated:

The AMCH PPS submitted evidence of QE participation agreements for all contracted partners, and provided documentation to demonstrate that all contracted organizations utilize the organization's EHR and thus fulfill the QE's connectivity requirements for the project. We are

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unable to collect and report connectivity for partners in our network that are not contracted at this time although the RHIO has this information.

Independent Assessor's Final Determination

Final IA Determination after Appeal

The failure to earn the Achievement Value for Project 2.a.i. Milestone 4 will be upheld.

Rationale for Final IA Determination

As part of the application process, the PPS committed to engage a specific number of partners for this milestone. In order to earn the Achievement Value for 2.a.i milestone 4, the PPS was required to meet their commitments. By their own admission, the PPS was unable to collect and report connectivity for partners in their network that were not contracted. As such, the IA cannot award the AV for this milestone.

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Project 2.a.i Milestone 9

Required Documentation

The Project Requirement for Project 2.a.i Milestone 9 states: “Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.”

The metric for this Project Requirement states: “PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.”

Independent Assessor’s Initial Determination

Initial IA Determination

Project 2.a.i. Milestone 9 - FAIL

Rationale for Initial IA Determination

The PPS failed to submit documentation which demonstrates that the PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted as required by this metric. The PPS submitted meeting agendas to demonstrate milestone completion; however, this documentation does not support the metric and project requirements as the agendas do not reference these topics.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA’s initial determination. In its request for reconsideration, AMCH stated:

AMCH PPS instituted a VBP workgroup that included representation from 12 partner organizations and four MCOs. While utilization trends, performance issues, and payment reforms was not individually identified on the monthly agendas, these topics were discussed regularly.

Independent Assessor’s Final Determination

Final IA Determination after Appeal

The failure to earn the Achievement Value for Project 2.a.i. Milestone 9 will be upheld.

Rationale for Final IA Determination

The goal of Project 2.a.i is to “Create an Integrated Delivery System focused on Evidence Based Medicine and Population Health.” The milestone in question requires the PPS to “establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.” From the documentation and appeal submitted by the PPS, it appears that the PPS ties this requirement solely to

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efforts to implement a Value Based Payment system. While VBP reform may be interpreted in this requirement, it is not the only goal. The project requirement is not limited to discussions regarding VBP; rather, the metric states that the PPS is required to “hold monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.”

The PPS states in their appeal that “While utilization trends, performance issues, and payment reforms [were] not individually identified on the monthly agendas, these topics were discussed regularly.” However, the documentation submitted by the PPS does not support this statement. As such, the IA cannot award the AV for this milestone.

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Project 2.d.i – Patient Engagement Speed

Required Documentation

The PPS was required to submit documentation to support the numbers of Actively Engaged members reported by the PPS in their DY2, Q2 Quarterly Report.

Independent Assessor’s Initial Determination

Initial IA Determination

Project 2.d.i. - FAIL

Rationale for Initial IA Determination

Project 2.d.i.

PPS Committed Number: 15,946

PPS Reported Number: 13,849

IA Approved Number (Unduplicated): 9014

Percentage of Commitment: 56.53%

The PPS submitted an Excel spreadsheet which contains a count of 9014 Medicaid CIN/Insurance Identification #'s for DY2, Q1 and DY2, Q2. The IA approved a count of 9014.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA’s initial determination. In its request for reconsideration, AMCH stated:

The AMCH PPS submits patient engagement documentation on a quarterly basis after deduplication internally as well as with overlapping PPSs in our region. Documentation is submitted as an aggregate across measurement years as indicated in the project requirements and patient engagement definitions. The AMCH PPS patient engagement data submitted for DY2Q2 includes all patient engagement during MY2 and should be added to data submitted and finalized as of DY1Q4. This is aligned with all documentation attached and explained below. The AMCH PPS entered patient engagement in the MAPP IPP in July of 2015 after approval by the IA which indicated that patient engagement must align with the project application. The project plan application requirements state “Please indicate the expected timeline for engagement of patient within the project. For example, the PPS may indicate that 25% of targeted patients will be actively engaged by the end of Demonstration year 1, 50% by the end of Demonstration year 2, etc. This “ramp up” as DOH references throughout all patient engagement documentation can also be defined as a slow gradual increase over time = ramp up.

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Independent Assessor's Final Determination

Final IA Determination after Appeal

The Patient Engagement Speed AV for Project 2.d.i. will be upheld.

Rationale for Final IA Determination

The Department of Health released Active Patient Engagement Target Discounts for each PPS on March 28, 2016. The discounted targets were effective with the DY1, Q4 Quarterly Report and were updated in MAPP. The documentation released by DOH clearly states: "PPS will be required to reach at a minimum 80% of the reduced Actively Engaged engagement targets to earn the Achievement Value for the respective projects." The AMCH reduced target for Project 2.d.i for DY2, Q2 is 15,946. The PPS was required to reach at least 80% or 12,756 to earn their Achievement Value.

Per the Revised DSRIP Actively Engaged: Project Specific Definitions and Clarifying Information was released on October 28, 2015, the Counting Criteria for this project states: "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."

The PPS submitted documentation in DY2, Q1 and DY2, Q2 to support a count of 9014, which represents 56.53% of their DY2, Q2 target. As such, the PPS did not earn the Achievement Value.

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Project 3.a.i – Patient Engagement Speed

Required Documentation

The PPS was required to submit documentation to support the numbers of Actively Engaged members reported by the PPS in their DY2, Q2 Quarterly Report.

Independent Assessor’s Initial Determination

Initial IA Determination

Project 3.a.i - FAIL

Rationale for Initial IA Determination

Project 3.a.i

PPS Committed Number: 12,438

PPS Reported Number: 14,973

IA Approved Number (Unduplicated): 4508

Percentage of Commitment: 36.24%

The PPS submitted an Excel spreadsheet which contains a count of 4641 Medicaid CIN/Insurance Identification #'s for DY2, Q1 and DY2, Q2. The IA approved a count of 4508.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA’s initial determination. In its request for reconsideration, AMCH stated:

The AMCH PPS submits patient engagement documentation on a quarterly basis after deduplication internally as well as with overlapping PPSs in our region. Documentation is submitted as an aggregate across measurement years as indicated in the project requirements and patient engagement definitions. The AMCH PPS patient engagement data submitted for DY2Q2 includes all patient engagement during MY2 and should be added to data submitted and finalized as of DY1Q4. This is aligned with all documentation attached and explained below. The AMCH PPS entered patient engagement in the MAPP IPP in July of 2015 after approval by the IA which indicated that patient engagement must align with the project application. The project plan application requirements state “Please indicate the expected timeline for engagement of patient within the project. For example, the PPS may indicate that 25% of targeted patients will be actively engaged by the end of Demonstration year 1, 50% by the end of Demonstration year 2, etc. This “ramp up” as DOH references throughout all patient engagement documentation can also be defined as a slow gradual increase over time = ramp up.

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Independent Assessor's Final Determination

Final IA Determination after Appeal

The Patient Engagement Speed AV for Project 3.a.i. will be upheld.

Rationale for Final IA Determination

The Department of Health released Active Patient Engagement Target Discounts for each PPS on March 28, 2016. The discounted targets were effective with the DY1, Q4 Quarterly Report and were updated in MAPP. The documentation released by DOH clearly states: "PPS will be required to reach at a minimum 80% of the reduced Actively Engaged engagement targets to earn the Achievement Value for the respective projects." The AMCH reduced target for Project 3.a.i for DY2, Q2 is 12,438. The PPS was required to reach at least 80% or 9,951 to earn their Achievement Value.

Per the Revised DSRIP Actively Engaged: Project Specific Definitions and Clarifying Information was released on October 28, 2015, the Counting Criteria for this project states: "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."

The PPS submitted documentation in DY2, Q1 and DY2, Q2 to support a count of 4508, which represents 36.24% of their DY2, Q2 target. As such, the PPS did not earn the Achievement Value.

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Project 3.b.i Milestone 2

Required Documentation

The PPS was required to meet its Project Implementation Speed and Scale commitments in order to earn the Achievement Value for this milestone.

Independent Assessor's Initial Determination

Initial IA Determination

Project 3.b.i. Milestone 2 - FAIL

Rationale for Initial IA Determination

Project 3.b.i. Milestone 2

PPS Committed Number - SN PCP: 47

PPS Reported Number – SN PCP: 23

PPS Committed Number – SN Non-PCP: 25

PPS Reported Number – SN Non-PCP: 18

PPS Committed Number – SN Mental Health: 34

PPS Reported Number – SN Mental Health: 6

The PPS did not meet its Project Implementation Speed and Scale commitments for this milestone.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA's initial determination. In its request for reconsideration, AMCH stated:

The AMCH PPS submitted evidence of QE participation agreements for all contracted partners, and provided documentation to demonstrate that all contracted organizations utilize the organization's EHR and thus fulfill the QE's connectivity requirements for the project. We are unable to collect and report connectivity for partners in our network that are not contracted at this time although the RHIO has this information.

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Independent Assessor's Final Determination

Final IA Determination after Appeal

The failure to earn the Achievement Value for Project 3.b.i. Milestone 2 will be upheld.

Rationale for Final IA Determination

As part of the application process, the PPS committed to engage a specific number of partners for this milestone. In order to earn the Achievement Value for 3.b.i milestone 2, the PPS was required to meet their commitments. By their own admission, the PPS was unable to collect and report connectivity for partners in their network that were not contracted. As such, the IA cannot award the AV for this milestone.

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Project 3.b.i Milestone 17

Required Documentation

The project requirement for Project 3.b.i Milestone 17 states: “Perform additional actions including “hot spotting” strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.”

There are three metrics for this Project Requirement, as follows:

- If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.
- If applicable, PPS has established linkages to health homes for targeted patient populations.
- If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.

Independent Assessor’s Initial Determination

Initial IA Determination

Project 3.b.i. Milestone 17 - FAIL

Rationale for Initial IA Determination

The PPS indicated that it had done some work with a partner to conduct trainings, but “Unfortunately, due to conflicting grant opportunities,” a partner “needed to put this collaboration on hold until awards were announced from other resources outside of DSRIP.” As such, the IA did not believe that this project requirement was completed and did not award the AV.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA’s initial determination. In its request for reconsideration, AMCH stated:

The [IA’s comment] is in regard to Metric 3 which indicates “if applicable, the PPS has implemented the Stanford model through partnerships with community based organizations.” ... Based on the feedback from the participating partners, training vendor, and the optional nature of the metrics, the PPS decided to not pursue this metric further as there was no defined need or vendor available in our 5 county region.

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Independent Assessor’s Final Determination

Final IA Determination after Appeal

The failure to earn the Achievement Value for Project 3.b.i. Milestone 17 will be overturned. The PPS will be awarded an AV for Project 3.b.i Milestone 17.

Rationale for Final IA Determination

The PPS states that based on “the optional nature of the metrics, the PPS decided to not pursue this metric further as there was no defined need or vendor available in our five county region.” The PPS further asserts that the metric language “if applicable” was unclear.

While the IA urges the PPS to continue to pursue the Stanford Model, the IA acknowledges the imprecise nature of the metric wording. As such, the IA must overturn the original finding and award the PPS the Achievement Value for Project 3.b.i Milestone 17.

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Project 3.b.i Milestone 19

Required Documentation

The Project Requirement for Project 3.b.i Milestone 19 states: “Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.”

The metric states: “PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.”

Independent Assessor’s Initial Determination

Initial IA Determination

Project 3.b.i. Milestone 19 - FAIL

Rationale for Initial IA Determination

The PPS submitted a list of partners that have agreements with MCOs, but it was not clear to the IA what steps the PPS had taken to ensure that their partners have agreements in place with MCOs related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services. A list of those partners that have agreements alone does not demonstrate that the PPS is working with their partners' MCOs.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA’s initial determination. In its request for reconsideration, AMCH stated:

Based on FTC concerned, AMCH PPS cannot “ensure” that partners have agreements in place with MCOs related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventative services.

Additionally, per written guidance received from DOH on January 3, 2017, the IA will be releasing additional guidance for the PPS related to these milestones to provide clarity on the expectations for the PPS to demonstrate successful completion of these project requirements. Without this additional guidance, AMCH PPS cannot successfully complete this milestone as outlined in the new, yet to be released, documentation requirements.

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Independent Assessor's Final Determination

Final IA Determination after Appeal

The failure to earn the Achievement Value for Project 3.b.i. Milestone 19 will be overturned. The PPS will be awarded an AV for Project 3.b.i Milestone 19.

Rationale for Final IA Determination

The January 3, 2017, guidance from DOH cited by the PPS in the appeal states: "In addition to this milestone, the IA identified a number of additional Domain 1 project requirements for the PPS to engage, coordinate, or collaborate with MCOs. These milestones do not however include a requirement for the PPS, as a single entity, to contract with the MCOs. As such, these milestones will not be waived for the successful completion of PPS project implementation efforts. The IA will be releasing additional guidance for the PPS related to these milestones to provide clarity on the expectations for the PPS to demonstrate successful completion of these project requirements."

As the additional guidance was not disseminated prior to the reporting deadline, the IA cannot hold the PPS responsible for meeting standards which have yet to be conveyed. However, the IA notes that while this project requirement does state an intention to coordinate services under the project, it does not specifically reference VBP, which appears to be the understanding of the PPS.

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Project 3.d.iii Milestone 4

Required Documentation

The Project Requirement for Project 3.d.iii Milestone 4 states: “Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.”

The metric states: “PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.”

Independent Assessor’s Initial Determination

Initial IA Determination

Project 3.d.iii. Milestone 4 - FAIL

Rationale for Initial IA Determination

The PPS submitted a list of partners that have agreements with MCOs, but it was not clear to the IA what steps the PPS had taken to ensure that their partners have agreements in place with MCOs that address the coverage of patients with asthma health issues. A list of those partners that have agreements alone does not demonstrate that the PPS is working with their partners' MCOs. Furthermore, the IA noted that this requirement does not pertain to VBP agreements between the PPS and the MCOs.

AMCH PPS Appeal

AMCH subsequently filed a formal appeal to the IA’s initial determination. In its request for reconsideration, AMCH stated:

Based on FTC concerned, AMCH PPS cannot “ensure” that partners have agreements in place with MCOs that address the coverage of patients with asthma related issues.

Additionally, per written guidance received from DOH on January 3, 2017, the IA will be releasing additional guidance for the PPS related to these milestones to provide clarity on the expectations for the PPS to demonstrate successful completion of these project requirements. Without this additional guidance, AMCH PPS cannot successfully complete this milestone as outlined in the new, yet to be released, documentation requirements.

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Independent Assessor's Final Determination

Final IA Determination after Appeal

The failure to earn the Achievement Value for Project 3.d.iii. Milestone 4 will be overturned. The PPS will be awarded an AV for Project 3.d.iii Milestone 4.

Rationale for Final IA Determination

The January 3, 2017, guidance from DOH cited by the PPS in the appeal states: "In addition to this milestone, the IA identified a number of additional Domain 1 project requirements for the PPS to engage, coordinate, or collaborate with MCOs. These milestones do not however include a requirement for the PPS, as a single entity, to contract with the MCOs. As such, these milestones will not be waived for the successful completion of PPS project implementation efforts. The IA will be releasing additional guidance for the PPS related to these milestones to provide clarity on the expectations for the PPS to demonstrate successful completion of these project requirements."

As the additional guidance was not disseminated prior to the reporting deadline, the IA cannot hold the PPS responsible for meeting standards which have yet to be conveyed. However, the IA notes that while this project requirement does state an intention to ensure coordination with the MCOs and Health Homes, it does not specifically reference VBP arrangements, which appears to be the understanding of the PPS.