



**Department  
of Health**

Medicaid  
Redesign Team

# July 2015 Quarterly Reporting in the Medicaid Analytics & Performance Portal (MAPP)

This presentation provides a preliminary look into the first Quarterly Report, based on system requirements.

Design is subject to change.

June 2015

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## Overview and Purpose

These materials are intended to familiarize the PPSs with the IA's expectations for structure, required documentation, and workplan reporting to be completed within the MAPP Implementation Plan Project (IPP).

PPSs have submitted the organizational sections of the required DSRIP Implementation Plans in a separate Excel document, which is now under review by the Independent Assessor.

The next step will be to complete the first quarterly report, submitted within MAPP IPP) by July 31<sup>st</sup>, 2015. This report will be released on 07/01/2015 and will reflect progress reporting on PPS activities in DSRIP Year 1 Quarter 1 (DY1 Q1).

DY1 Q1 report is meant to baseline all PPS activity, with future quarterly report submissions providing ongoing updates against those baselines.

## Overview and Purpose

MAPP IPP will house the entirety of quarterly reporting that is required of PPSs over the life of the waiver. As such, the tool is structured quite similarly to the Excel Implementation Plans submitted on 06/01/2015. Modules are ordered by general reporting, organizational components, and then projects.

General reporting calls for major risks/dependencies, stakeholder roles and responsibilities, and IT expectations for organizational and project implementations.

Each organizational component and project will have modules dedicated to workplan reporting for prescribed milestones/project requirements versus PPS-defined milestones. In addition, organizational reporting will include non-workplan modules outlined in the next slide. All project modules are detailed in this presentation from slide 7 forward.

## Overview and Purpose

In addition, organizational components will have non-workplan reporting, structured similarly to the 06/01/2015 Implementation Plan, for the following:

Workforce baseline reporting will be available in the DY1 Q2 report but will be finalized in the DY1 Q3 (Jan. 2016) submission

Workforce

Budget and Funds Flow

Governance

Financial Sustainability

Cultural Competency and Health Literacy

IT Systems and Processes

Performance Reporting

Physician Engagement

Population Health Management

Clinical Integration

## Overview and Purpose

Now we'll do an in-depth dive into the DY1 Q1 quarterly reporting requirements for PPS project implementations. The MAPP IPP project modules are:

- Major Risks to Implementation and Mitigation Strategies
- Project Implementation Speed
- Patient Engagement Speed
- Project Implementation Requirements
- PPS-Defined Reporting

# Major Risks to Implementation and Mitigation Strategies

- For each selected project, a narrative of the major risks to implementation will be required.
- Provide pertinent update for any previous risks that have resulted in impact during the current reporting period.
- For future risks identified, include any actions that are planned for mitigation.
- There will be a 3900 character maximum on this textbox.

PPS: Albany Medical Center Hospital

Module 2.1 Module 2.2 **Module 2.3** Module 2.4 Module 2.5 Module 2.6 Module 2.7 Module 2.8

### IPQR Module 2.3

**Instructions:**

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects.

I

3856 characters remaining.

## Project Implementation Speed

- This module, and all subsequent provider ramp-up sections, is meant for reporting purposes only.
- Salient and DOH are currently working on a comprehensive reconciliation of provider types through the MMCOR initiative. Further information will be provided at a later date.
- Aligning with Project Plan Application commitments, which will be displayed, specify how many providers (by provide type) will have met all of that project's requirements per quarter.
- Data entered into this module must be cumulative, not additive.
- All fields must be populated with a whole number, with figures reporting in increasing order.
- Module is applicable for all projects, except Project 2.a.i and Domain 4 projects.



## Project Implementation Speed

Example Project 2.a.ii, with commitment of DY4 Q4

Provider Type	Total Commitment	DY1, Q1	DY1, Q2	DY4, Q4	DY5, Q1	DY5, Q2	DY5, Q3	DY5, Q4
Clinics	25	3	4	25	25	25	25	25
Primary Care Physicians	253	20	50	253	253	253	253	253
Total Committed Providers	278	23	54	278	278	278	278	278
Percent Committed Providers	100.00%	8.27%	19.42%	100.00%	100.00%	100.00%	100.00%	100.00%

**Red text** signifies fields designated for PPS self-reporting.

**Black text** represents data that is either pre-populated (based on Project Plan Application commitments) or calculated based on PPS entries in **red text**.

# Project Implementation Speed

Example Project 2.a.ii, with commitment of DY4 Q4

Provider Type	Total Commitment	DY1, Q1	DY1, Q2	DY4, Q4	DY5, Q1	DY5, Q2	DY5, Q3	DY5, Q4
Clinics	25	3	4	25	25	25	25	25
Primary Care	253	20	50	253	253	253	253	253
Total Committed Providers	278	23	54	278	278	278	278	278
Percent Committed Providers	100.00%	8.27%	19.42%	100.00%	100.00%	100.00%	100.00%	100.00%

These fields need to be populated by the PPS. Data entered must represent cumulative figures.

**Red text** signifies fields designated for PPS self-reporting.

**Black text** represents data that is either pre-populated (based on Project Plan Application commitments) or calculated based on PPS entries in **red text**.

# Project Implementation Speed

Example Project 2.a.ii, with commitment of DY4 Q4

Provider Type	Total Commitment	DY1, Q1	DY1, Q2	DY4, Q4	DY5, Q1	DY5, Q2	DY5, Q3	DY5, Q4
Clinics	25	20	5	25	25	25	25	25
Primary Care Physicians	253	20	50	253	253	253	253	253
<b>Total Committed Providers</b>	278	23	54	278	278	278	278	278
<b>Percent Committed Providers</b>	100.00%	8.27%	19.42%	100.00%	100.00%	100.00%	100.00%	100.00%

**Total Commitment data is pre-populated with the PPS' Project Plan Application commitments.**

**These rows will be automatically calculated by the system, once a PPS enters values in the corresponding rows above.**

## Patient Engagement Speed

- This module directly correlates to scoring of the Patient Engagement Achievement Value.
- Aligning with semiannual Project Plan Application commitments, which will be displayed, specify how many patients will have become 'Actively Engaged' per quarter.
- Data entered into this module must represent cumulative figures, not additive. This guidance holds from the Project Plan Application instructions.
- All fields must be populated with a whole number.
- If projections hit 100% actively engaged before DY5 Q4, then dip below that 100%, but do not reach 100% actively engaged again by DY5 Q4, context and explanation should be provided in the associated narrative textbox.
- Module is applicable for all projects, except Project 2.a.i and Domain 4 projects.

## Patient Engagement Speed

Example project with commitment of 74,941 patients by DY4 Q4

	DY1, Q1	DY1, Q2		DY4, Q1	DY4, Q2	DY4, Q3		DY5, Q2	DY5, Q3	DY5, Q4
<b>Patients Engaged</b>	0	0	➔	65,000	65,000	74,941	➔	65,000	74,941	74,941
<b>Percent of Expected Patient Engagement</b>	0.00%	0.00%		86.73%	86.73%	100.00%		86.73%	100.00%	100.00%

**Red text** signifies fields designated for PPS self-reporting.

**Black text** represents data that is either pre-populated (based on Project Plan Application commitments) or calculated based on PPS entries in **red text**.

# Patient Engagement Speed

Example project with commitment of 74,941 patients by DY4 Q4

	DY1, Q1	DY1, Q2	DY4, Q1	DY4, Q2	DY4, Q3	DY5, Q2	DY5, Q3	DY5, Q4
Patients Engaged	0	0	65,000	65,000	74,941	65,000	74,941	74,941
Percent of Expected Patient Engagement	0.00%	0.00%	86.73%	86.73%	100.00%	86.73%	100.00%	100.00%

This row is automatically calculated based on corresponding

PPS entries in the row above.

Black text represents data that is either pre-populated (based on Project Plan Application commitments) or calculated based on PPS entries in red text.

These fields need to be populated by the PPS. Data entered must represent cumulative figures.

# Project Implementation Requirements

- The DY1 Q1 Quarterly Report will require a baseline entry of project requirement timelines, PPS-defined sub-steps, and implementation status.
- Reporting will be required for the project requirements and metrics outlined in **Domain 1 Project Requirements: Milestones & Metrics**. For each line item, provide:
  - PPS-defined sub-steps that:
    - Demonstrate progression towards and achievement of project requirements
    - Provide the IA with *solid understanding of the significant tasks which must be completed along the pathway of successful project requirement completion*
  - Start and End dates (in accordance with project requirement timeframes)
  - Implementation status of each sub-step (i.e. Complete, In Progress, On Hold)
  - Ramp-up for each provider-level project requirement and metric (*reporting purposes only*)

# Project Implementation Requirements

## Example Project 2.a.ii, requirement 5

Project Requirement	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Year and Quarter	DY1, Q1	DY3, Q4
<b>Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year 3.</b>	Milestone (Project)	N/A	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4		
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project	N/A	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4		
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	PCP (Safety-Net)	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4	20	253
[PPS-Defined task] **									

\*\* Expectations for PPS-Defined tasks are detailed on slide 18.



# Project Implementation Requirements

## Example Project 2.a.ii, requirement 5

Project Requirement	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Year and Quarter	DY1, Q1	DY3, Q4
<b>5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year 3.</b>	Milestone (Project)	N/A	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4		
EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements required by CMS will be incorporated into the assessment criteria)	Project	N/A	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4		
PPS has achieved CCIP for 3 PCMH standards and/or PCMH	Provider	PCP (Safety-Net)	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4	20	253

**Timelines and implementation status need to be populated by the PPS. Projections for end dates should align with the requirement/metric type, due by either a prescribed year (DY2 or DY3) or PPS commitment from the Project Plan Application.**

**Provider ramp-up fields need to be populated by the PPS for every provider-level project requirement or metric.**

[PPS-Defined task] \*\*

\*\* Expectations for PPS-Defined tasks are detailed on slide 18.

# Project Implementation Requirements

## Example Project 2.a.ii, requirement 5

Project Requirement	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	DY1, Q1	DY3, Q4
<b>5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year 3.</b>  EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).  PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Milestone (Project)	N/A	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4		
	Project	N/A	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4		
	Provider	PCP (Safety-Net)	In Progress	4/1/2015	3/31/2018	3/31/2018	DY3, Q4	20	253
<b>Step 1: Finalize Contract/MOUs with BH providers and PCP practices</b>  <b>Step 2: Establish PCMH/APC Certification Working Group</b>  <b>Step 3: Complete assessment of PCP practices to become NCQA Level 3 certified and or APC</b>			In Progress	11/10/2015	12/31/2015	3/31/2018	DY1, Q3		
			In Progress	4/1/2015	8/31/2015	3/31/2018	DY1, Q2		
			In Progress	8/5/2015	12/16/2015	3/31/2018	DY1, Q3		

The requirements and metrics are automatically populated. Each project's requirements and metrics are explained in the Domain 1 Project Requirements: Milestones & Metrics guidance document.

These PPS-defined tasks should highlight key work steps necessary to achieve the project requirement and metrics.

Please refer to Appendix A for further work steps for Projects 2.a.ii and 3.a.i. "Domain 1 Project Requirements Reporting Guidance" (April 2015) webinar details expectations regarding content of these PPS-defined tasks.

## Fields for Additional Context

- Associated with every module and each project requirement, there will be a free-text narrative box and an option to upload documentation.
- These functionalities should be used to attach evidence of milestone/requirement completion. In order to facilitate IA validation, required documentation is explained in the ‘Domain 1 Project Requirements: Milestones & Metrics’ guidance. In addition, PPSs should feel free to communicate any additional, pertinent information.
- If there is any evidence deemed missing or insufficient during audit, resubmission will be required.

Project Requirement	Reporting Level	Provider Type
5. Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year 3.	Milestone (Project)	N/A

There will be a textbox, allowing a maximum of 3900 characters and 100 special characters, for PPS to provide pertinent narrative.

**Upload File**

There will be an Upload button, allowing up to 10 attachments along with document descriptions.

[PPS-description]

## PPS-defined Milestones

- Each project will include a module where PPSs can customize the implementation plan by adding PPS-defined milestones and tasks.
- This module was intended to provide flexibility for the PPS to report on significant milestones that ARE NOT included in the prescribed project requirements or associated metrics.
- It is expected that most PPS-defined tasks should be already by associated with relevant prescribed project requirements.
- This module is not required.

## PPS-defined Milestones

Milestone / Task	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
[PPS –Defined Milestone A]	[Dropdown]	[Free text]	[Date field]	[Date field]	Quarter End will be automatically populated.	DSRIP Reporting Year and Quarter will be automatically populated.
Task A.1	[Dropdown]	[Free text]	[Date field]	[Date field]	Quarter End will be automatically populated.	DSRIP Reporting Year and Quarter will be automatically populated.

**Red text** signifies fields designated for PPS self-reporting.

**Black text** represents data that is either pre-populated (based on Project Plan Application commitments) or calculated based on PPS entries in **red text**.

## Future Training

- A more comprehensive webinar explaining both system and business rules will be recorded and posted online by 07/01/2015.
- CMA will also publish a MAPP IPP user manual on 07/01/2015.
- As stated earlier, the DY1 Q1 report is set to baseline the majority of a PPS' organizational and project activities. From DY1 Q2 until DY5 Q4, the quarterly reports will automatically carry forward all previously entered data, as well as calculate progress compared to DY1 Q1 baselines.
- Further training specific to the MAPP IPP configuration for the DY1 Q2 report and forward will be conducted prior to 10/01/2015. The DY1 Q2 report will be available on 10/01/2015 and due by 10/31/2015.

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# Appendix A

Link to April 10<sup>th</sup> Presentation: Domain 1 Project Requirements Reporting Guidance

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/overview\\_of\\_d1\\_reporting\\_guidance\\_final.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/overview_of_d1_reporting_guidance_final.pdf)



## Appendix A – PPS Defined Sub Steps of Project Requirements

**Project 3.a.i PROJECT REQUIREMENT #1: Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3**

	Start Date	End Date
<i>Metric: All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3</i>	4/1/2015	9/30/2018
<i>Metric: Behavioral health services are co-located within PCMH practices are available.</i>	4/21/2015	12/31/2017
Step 1: Finalize Contract/MOUs with BH providers and PCP practices	11/10/2015	12/31/2016
Step 2: Establish PCMH/APC Certification Working Group	4/1/2015	8/31/2015
Step 3: Complete assessment of PCP practices to be become NCQA Level 3 certified and or APC	8/5/2015	12/16/2015
Step 4: Finalize strategy for achieving Level 3 certification or APC	10/15/2015	1/25/2016
Step 5: Establish policies and procedures outlining coordination and hand-offs between BH and PCP	10/15/2015	3/31/2016
Step 6: Complete the NCQA PCMH survey application and APC application requirements	7/14/2016	2/6/2017
Step 7: Institute clear workflows for assessment, referrals and follow up care to be provided	4/14/2016	10/15/2016
Step 8: Train care team on workflows and care coordination processes	1/23/2017	3/22/2017
Step 9: Project team completes review of care coordination outcomes and timeliness of services	1/23/2018	5/7/2018
Step 10: PPS RCE team evaluates metrics (# of patients engaged, # connected to BH and receiving care)	7/6/2018	9/30/2018

## Appendix A – PPS Defined Sub Steps of Project Requirements

**PROJECT 2.a.ii, Project Requirement #5:** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year 3.

	Start Date	End Date
<i>Metric: EHR meets Meaningful Use Stage 2 CMS requirements</i>	4/1/2015	9/30/2018
<i>Metric: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.</i>	4/21/2015	12/31/2017
Step 1: Finalize Contract/MOUs with BH providers and PCP practices	11/10/2015	12/31/2016
Step 2: Establish PCMH/APC Certification Working Group	4/1/2015	8/31/2015
Step 3: Complete assessment of PCP practices to be become NCQA Level 3 certified and or APC	8/5/2015	12/16/2015
Step 4: Finalize strategy for achieving Level 3 certification or APC	10/15/2015	1/25/2016
Step 5: Establish policies and procedures outlining coordination and hand-offs between BH and PCP	10/15/2015	3/31/2016
Step 6: Complete the NCQA PCMH survey application and APC application requirements	7/14/2016	2/6/2017
Step 7: Institute clear workflows for assessment, referrals and follow up care to be provided	4/14/2016	10/15/2016
Step 8: Train care team on workflows and care coordination processes	1/23/2017	3/22/2017
Step 9: Project team completes review of care coordination outcomes and timeliness of services	1/23/2018	5/7/2018
Step 10: PPS RCE team evaluates metrics (# of patients engaged, # connected to BH and receiving care)	7/6/2018	9/30/2018

## Appendix A – PPS Defined Sub Steps of Project Requirements

**PROJECT 2.a.ii, Project Requirement #5:** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year 3.

	Start Date	End Date
Step 11: PPS PCMH Certification Working Group to finalize PPS wide roadmap for achieving Meaningful Use certification	11/10/2015	12/31/2016
Step 12: Review PCMH 2014 Level 3 Standards and Requirements	4/1/2015	8/31/2015
Step 13: Conduct internal assessment of current EHR and other IT systems a	8/5/2015	12/16/2015
Step 14: Identify EHR systems Meaningful Use leadership and organizational infrastructure	10/15/2015	1/25/2016
Step 15: Identify necessary data sets with individual demographic, health, and community status information need to be collected within EHR	10/15/2015	3/31/2016
Step 16: Finalize renegotiation contract with of existing IT vendor	7/14/2016	2/6/2017
Step 17: Complete procurement of IT health vendor to support Meaningful Use certification	4/14/2016	10/15/2016
Step 18: Expand EHR capabilities to collect information on behaviors, socioeconomic, demographics, and geo-codable neighborhood characteristics	1/23/2017	3/22/2017
Step 18: Receive Stage 2 Meaningful Use Requirements Certification	1/23/2018	5/7/2018