

## **NYS DSRIP and NYP PPS**

### **Frequently Asked Questions**

#### ***What is a PPS?***

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The group of entities that are responsible for creating and implementing a DSRIP project are called “Performing Provider Systems”, abbreviated “PPS.” Performing Provider Systems are providers that form partnerships and collaborate in a DSRIP Project Plan. PPS include both major public hospitals and safety net providers, with a designated lead provider for the group. Safety net partners can include an array of providers: hospitals, health homes, skilled nursing facilities, clinics & FQHCs, behavioral health providers, community based organizations and others. Performing Provider Systems must meet all requirements described in the DSRIP Standard Terms and Conditions.

#### ***How does my organization get involved with your PPS?***

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Interested organizations should send an e-mail to [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org) with the following information: organization’s name, contact name, contact phone, contact e-mail, and a description of a how your organization would like to engage with the NYP PPS. One of the members of our Project Management Office will get back to you. New York State allows additions to a PPS on a biannual basis.

#### ***How do members of the NYP PPS get more involved with the projects?***

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The NYP PPS is focused on making meaningful connections with each of its collaborators; as such, the PPS Project Managers and Project Leads will work with you to find a specific, meaningful project where we can collaborate.

Please send an e-mail to [ppsmembership@nyp.org](mailto:ppsmembership@nyp.org) outlining how you would like to engage in the PPS projects and a member of our Project Management Office will get back to you.

#### ***What systems are you using to facilitate health information exchange?***

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One of the underpinnings of DSRIP is the use of health information exchange capabilities to support team-based care across PPS members. The NYP PPS will be using Healthix, a Regional Health Information Organization (RHIO), to support much of its information exchange needs. Health information exchange services to be provided through Healthix include: (1) secure access to patient data for Healthix members and (2) Healthix member notification of patient events, such as admissions and emergency department visits. This IS system will be available to all NYP PPS network members.

For those projects where the main interventions require robust collaborative care planning and documentation, the NYP PPS will use Allscripts Care Director. Allscripts Care Director is a platform that enables multiple agencies, who are part of a patient's care team, to document in one, shared care plan.

Healthix and Allscripts Care Director implementation will be phased in over 2016, with a goal of having network members connected by the end of the calendar year. In the coming months, the NYP PPS IS Team will conduct health information exchange readiness assessments with PPS members and will facilitate discussions around implementation and workflows with projects and collaborators. We believe that we can leverage both Allscripts Care Director and Healthix as platforms to help us communicate around our shared patients as well as provide better, more coordinated care.

### ***How do funds flow to my organization?***

DSRIP funds will be distributed to PPS members, who have signed Participation Agreements, for collaborators who (1) have been identified to host DSRIP-funded positions, (2) are providing a specific service required of Project, and/or (3) have contributed to the performance metrics and are eligible to receive bonus funds. In order to receive funds, a Participation Agreement must be executed between NewYork-Presbyterian Hospital and the collaborator organization.

### ***What contracts must PPS member organizations complete?***

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- PPS Participation Agreement – This agreement details the general rules for participating in the NewYork-Presbyterian PPS. All network members are required to have a Participation Agreement on file in order to participate in the NYP PPS. This is required for a participant to receive DSRIP waiver funds.
- PPS Service Agreement – This agreement will be distributed to PPS network members employing DSRIP-funded staff, which will include specific scopes of work for DSRIP staff, documentation and reporting requirements, and payment terms.
- PPS Performance Agreement – This agreement will be distributed to all PPS network members as appropriate by their provider class (i.e. post-acute, hospital, physician practice, CBO, etc.). This agreement will build upon items in the Services and Participation Agreements, and will define the member's responsibilities for meeting the reporting, quality and/or compliance requirements. This agreement has not yet been drafted/approved.

### ***I am a participant in multiple PPSs - how does the NYP PPS communicate with other PPSs?***

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Project Management Office staff have ad hoc as well as regularly scheduled meetings with staff at other PPSs. These meetings focus on:

- Sharing of information, both general and PPS-specific
- Sharing of best practices
- Collaborating around cross-PPS issues
- Sharing of resources
- Collaborating around State deliverables where appropriate, i.e. training standards and PPS-wide assessments

### ***How were patients attributed to the NYP PPS?***

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Throughout the DSRIP Application Period, PPSs were required to compile their network of collaborators and providers. Based on the NPIs and Medicaid billing IDs submitted for each PPS network, the New York State Department of health attributed Medicaid beneficiaries to networks where they received the majority of their care (e.g. to the providers where they were most "loyal.") Medicaid beneficiaries were attributed to providers deemed most relevant, prioritizing the connection of beneficiaries with developmental disabilities to their OPWDD providers, long-term care beneficiaries to their nursing home, behavioral health beneficiaries to their treating provider, and the remaining beneficiaries to their health home, PCP, or most frequently used emergency department and/or hospital. The details are explained in the NYS DSRIP Attachment I - Program Funding and Mechanics Protocol, which can be accessed here:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/program\\_funding\\_and\\_mechanics.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/program_funding_and_mechanics.pdf).

### ***How many patients are attributed to the NYP PPS?***

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Approximately 90,000 lives are attributed to the NYP PPS.