

DSRIP Meeting Agenda

Date and Time	12/04/15, 3-4PM	Meeting Title	NYP PPS Finance Committee
Location	Conference call	Facilitators	Jay Gormley, Brian Kurz
Go to Meeting	https://global.gotomeeting.com/join/809392461	Conference Line	Dial +1 (646) 749-3122 Access Code: 809-392-461

Invitees	
Ilana Avinari (Methodist)	Alan Wengrofsky (Community Healthcare Network)
Phil Zweiger (ASCNY)	Maria Guevera (NMPP)
Steve Zhou (Village Care)	Dan Del Bene (SPOP)
Daniel Johansson (ACMH)	NYP Co-Chair: Brian Kurz
Fay Pinto (Elizabeth Seton Center for Pediatrics)	Co-Chair: Jay Gormley (MJHS)
David Grayson (ArchCare/Calvary)	

Meeting Objectives	Time
1. Review action items from last committee meeting	5 mins
2. Review of NYP PPS Compliance Plan, Debora Marsden, Compliance and Privacy Officer	20 mins
3. Updates:	5 mins
• Capital funds	
• Value-based purchasing	
• Financial health assessment	
4. Identify action items for next meeting	5 mins

Action Items				
Description	Owner	Start Date	Due Date	Status
Share project presentation PowerPoints	Lauren Alexander	11/13	12/4	Complete
Launch financial health assessment	Lauren Alexander	11/13	12/11	In progress
Reschedule December Committee Meeting	Lauren Alexander	11/13	11/20	Completed
Move December project presentations to January and February 2016	Lauren Alexander	11/13	11/20	Completed

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Attendees	
Phil Zweiger (ASCNY)	Dan Del Bene (SPOP)
Steve Zhou (Village Care)	NYP Co-Chair: Brian Kurz
Daniel Johansson (ACMH)	Deb Marsden (NYP)
David Grayson (ArchCare/Calvary)	Lori Mac Donald (NYP)
Lauren Alexander (NYP)	

Meeting Objectives	Time
1. Review action items from last committee meeting	5 mins
2. Review of NYP PPS Compliance Plan, Debora Marsden, Compliance and Privacy Officer	20 mins
3. Updates: <ul style="list-style-type: none"> Capital funds Value-based purchasing Financial health assessment 	5 mins
4. Identify action items for next meeting	5 mins

Action Items				
Description	Owner	Start Date	Due Date	Status
Extend meeting time on Jan 8 th to 1.5 hours	Lauren Alexander	12/4	12/24	Complete
Share requirements for organizational deliverable related to Financial Health Assessment	Lauren Alexander	12/4	1/8	In progress

MINUTES

- B. Kurz opened the meeting.
- B. Kurz reviewed the action items from last meeting.
- D. Marsden reviewed the NYP PPS Compliance Plan. Key elements of the plan include:
 - An overview of the PPS Lead responsibility as it relates to compliance
 - An overview of the Participating Provider responsibility as it relates to compliance
 - Establishing a compliance hotline for the PPS that will be advertised on the PPS web site
 - Making available on the PPS web site an educational slide deck regarding compliance
 - Developing a process to audit/monitor DSRIP payments and funds
 - A recommendation that PPS members establish a compliance plan if one is not already in place and that guidance can be provided to members, if needed.
 - S. Zhou asked for clarification around this point. D. Marsden clarified that while there are compliance requirements by the State for those providers receiving DSRIP funds, it is not a requirement to have a full compliance plan in place.
- B. Kurz provided an update on the following:
 - Capital funds: There are no updates as to the status of capital funds. D. Johansson asked that information be shared as soon as it is available since certain organizations are considering applying for RFAs that exclude entities who receive CRFP funds.

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- Value-based purchasing: Ongoing conversations are taking place at NYP with the Managed Care Department.
- Financial health assessment: The survey is being built electronically and will be shared with collaborators shortly. We are starting to develop a process for addressing the financially fragile group and will share this in advance of the next meeting. L. Alexander to share the requirements for the components of the Financial Health Assessment and procedures that must be in place to address financially fragile organizations.
- The group decided to extend the length of the January 2016 meeting from 1 hour to 1.5 hours.
- B. Kurz adjourned the meeting.

DRAFT – FOR DISCUSSION

New York-Presbyterian (“NYP”) - Delivery Systems Reform Incentive Payment Program (“DSRIP”) **Page 1 of 4**

TITLE: PERFORMING PROVIDER SYSTEM COMPLIANCE POLICY

BACKGROUND

New York State (“NYS”) Department of Health (“DOH”) has established the Delivery System Reform Incentive Payment Program (“DSRIP”) to promote community-level collaborations that focus on Medicaid system reform, and to reduce avoidable hospital use over the next five years. Through the establishment of Performing Provider Systems (“PPS”), safety net providers and community providers collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement.

PURPOSE:

As part of New York Presbyterian’s (“NYP”) commitment as a PPS Lead, NYP has developed a PPS Compliance Policy (“PPS Policy”), in accordance with DSRIP regulations and NYS Office of Inspector General (“OMIG”) September 1, 2015 *DSRIP Compliance Guidance* (2015-01 – Revised). The PPS Policy is dedicated to maintaining excellence and integrity in support of DSRIP’s mission and the implementation of the DSRIP Program. The PPS Policy is designed to support a culture that promotes prevention, detection, and resolution of instances that do not conform to laws, regulations, and DSRIP requirements.

POLICY:

The PPS Policy was established in accordance with relevant federal and state laws and regulations, including but not limited to New York State Social Services Law (“SSL”) 363-d; Title 18 of the New York Code of Rules and Regulations (“NYCRR”), part 521; the Deficit Reduction Act of 2005; DSRIP requirements; and applicable NYP policies and procedures.

Pursuant to New York State law, NYP has an established provider compliance program, which among other things include systems for (i) the detection and prevention of fraud and abuse; (ii) identification of risk areas; and (iii) reporting of compliance issues. It is important to note, as the DSRIP program progresses, the PPS Compliance Policy may have to evolve to ensure compliance with DSRIP program developments and additional OMIG considerations.

This Policy sets forth the PPS Lead and Participating Providers’ compliance program obligations under DSRIP.

APPLICABILITY:

NYP PPS Lead and Network Participating Providers

RESPONSIBILITY:

PPS LEAD:

The PPS Lead establishes processes that can assist in preventing and detecting Medicaid payment discrepancies related to the DSRIP program, specifically when Participating Providers obtain DSRIP distributions in a way that is inconsistent with approved DSRIP project plans. The PPS will consider the distribution of DSRIP funds in accordance with DOH's requirements, as provided in the *DSRIP - Measure Specification and Reporting Manual*.

The PPS Policy is intended to provide reasonable assurance that the PPS Lead; in connection with the implementation of the DSRIP Program;

- complies in all material respects with laws and regulations applicable to its operations;
- satisfies the conditions of the Delivery System Reform Incentive Payment Program;
- complies with OMIG's *Special Considerations for Performing Provider System Leads' Compliance Programs*;
- provides guidance of compliance program expectation, as outlined in the PPS policy;
- conducts reviews of DSRIP distribution of funds to ensure they are in accord with approved project plan;
- conducts risk assessments specifically associated with payments to Participating Providers, and performance progress towards DSRIP milestones;
- establishes a system for anonymous and confidential reporting of fraud, waste and abuse of DSRIP funds, investigation, and responding to compliance issues (including a method for prompt corrective action and refund of overpayments);
- provides, as appropriate, training and educational resources; and
- confirms Participating Provider delivery of compliance training to staff

PPS Lead Compliance Officer and Governing Body

Implementation of the PPS Compliance Policy by the PPS Compliance Officer will be overseen by the DSRIP Executive Committee, the governing body of the DSRIP Program. The Compliance Officer will attend the Executive Committee and provide quarterly reports on DSRIP compliance.

Participating Provider:

The PPS Lead is not responsible for Participating Providers' compliance programs, as may be required by their status as a Medicaid service provider. Participating Providers who meet the mandatory requirements, pursuant to SSL 363-d and 18 NYCRR 521.3, are required to have an effective compliance program. Participating Providers who do not meet the mandatory compliance program requirements should consider implementation of a compliance program appropriate for their size, complexity, resources, and culture.

The following expectations and provisions apply to the operation and activities of all NYP PPS Participating Providers, irrespective of a compliance program. The obligations for compliance include, but are not limited to:

- compliance with all laws and regulations, applicable to their provider type;
- compliance with relevant NYP policies, as established in service/provider agreement;
- understanding of the purpose and applicable requirements of the DSRIP program;
- proper implementation of the PPS Project;
- maintaining complete and accurate records of all services provided to Patients covered by the PPS' project;
- submission of accurate and timely reports on measurable milestones;
- appropriate use of DSRIP funds for intended purpose, per project plan;
- providing reporting mechanism for known or suspected DSRIP compliance issues to Compliance liaisons or Compliance Hotline;
- PPS Lead Compliance Officer must be notified of concerns regarding DSRIP funds; and
- providing compliance training on DSRIP related topics

Education, Training and Implementation

All Participating Providers are obligated to provide compliance training and education regarding the DSRIP program to their respective employees. This training should include (i) compliance expectations related to DSRIP; (ii) Participating Providers' role in the DSRIP projects; and (iii) how to report any fraud, waste or abuse of DSRIP funds. Participating Providers will confirm to the PPS Lead that all staff received such training.

Fraud and Abuse Compliance

In carrying out DSRIP activities and operations, Participating Providers shall not engage in the following, as set forth by the applicable statutes and regulations:

- fraud, abuse or misuse of federal healthcare program funds
- False Claims Act violations
- Anti-kickback violations
- Medicaid beneficiary inducement to avoid seeking medically necessary care;
- Stark Law violations
- Criminal Health Care Fraud violations

Participating Providers will provide their employees with appropriate training or materials containing details about these regulations.

Whistleblowers/Non-Retaliation

Federal and state laws provide whistleblower provisions that protect an individual who has reported an incident of fraud, in good faith. Under the law, a private citizen may bring a civil action for violations of the False Claims Act or equivalent state requirements on behalf of the government. Persons bringing whistleblower claims are granted protections under the law. Anyone who is fired, demoted, suspended, threatened, harassed, or in any other manner discriminated against by his or her employer because of certain legal reporting violations may be entitled to reinstatement with seniority, double back pay, interest, special damages, and attorney's fees and costs sustained as a result of discriminatory treatment.

Similarly, the PPS Policy strictly prohibits Participating Providers from retaliating against any person (s) who reports a compliance issue or concern, in good faith. Participating Providers, as

part of their respective compliance programs should have established policies regarding good faith reporting and non-retaliation.

Lines of Communication and Complaint Process

The PPS Compliance Program recognizes that open lines of communication between the PPS Lead Compliance Officer and Participating Providers are critical to the success of DSRIP project objectives.

Reports may be communicated through the PPS's website at **[insert website link]**, telephone hot lines **[insert #]**, directly to the Participating Provider, or the PPS Lead Office of Corporate Compliance **[insert #]**. All DSRIP compliance issues reported directly to the Participating Provider must be immediately reported to the PPD Lead Compliance Officer.

Corrective Actions

The PPS Lead has the authority and responsibility to review all reported DSRIP related compliance issues directly. The PPS Lead, through the PPS Lead Compliance Office, will review all reported DSRIPP compliance issues, and where appropriate, recommend remediation and/or corrective action.

POLICY DATES: