



New York State Department Of Health
Delivery System Reform Incentive Payment Project
DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

✓ IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The creation of an Integrated Delivery System across Suffolk County poses many challenges including risks that present themselves as structural, technology diversity, care management, provider-specific, and patient risks. However, the Suffolk County PPS will rely on a collaborative governance structure and a transparent communication strategy that emphasizes two-way communication in order to begin addressing these challenges. A high-level assessment of risks related to this project can be found below, as well as recommendations to begin addressing these risks: **STRUCTURAL CHALLENGES:** Challenges center on PPS members that have concerns about sharing data. Additional challenges exist regarding the ability to meet requirements for Meaningful Use and RHIO connectivity. **STRUCTURAL REMEDIES:** Create a PPS IT Governance Team that develops data access and security standards and protocols addressing Provider concerns, support interventions assisting PCP practices in technology and EHR implementation, create best practice examples around advantages of RHIO participation and how patient RHIO consents can be obtained. **TECHNOLOGY DIVERSITY CHALLENGES:** The largest challenge for technology exists in the wide variation of Electronic Health Record systems and the ability to connect these disparate systems. **TECHNOLOGY DIVERSITY REMEDIES:** Communicate PPS transition vision for integrated technology model that increases system connectivity and interoperability while maintaining necessary system differentiation required. **CARE MANAGEMENT CHALLENGES:** Currently, there are no common standards, protocols and governance regarding the provision of Care Management. Wide variation exists in Care Management provided. **CARE MANAGEMENT REMEDIES:** Create a model for uniform PPS governance of CM standards and protocols. These protocols will incorporate current best practices across the PPS as well as integrating expertise from best practices across the industry. Training in any newly developed standards and protocols will come from the PPS wide Provider Engagement Team. **PROVIDER CHALLENGES:** Lack of provider financial alignment exists across PPS; reduced utilization reduces revenue across multiple provider types. Additionally, provider shortages are common within PPS particularly in primary care and behavioral health services. Lack of participation of smaller rural PCP practices in the IDS is a particular challenge. **PROVIDER REMEDIES:** Regular meetings will be established with MCOs to discuss the rewriting of provider contracts to include risk/rewards mechanism that create incentives for providers to move metrics on cost, quality and utilization. In the interim, the PPS has designated 75% of the received waiver revenue to be directed towards provider bonus payments to help provide short-term financial incentives until MCO discussions are finalized. IDS includes interventions to improve efficiency in PCP practices and capacity (PCMH). Geographic provider shortages addressed by the PPS, leveraging support from PPS providers who have expanded provider capacity in rural areas (HRH, Brookhaven Hospital). Increased PCP practice engagement promoted through communication of resource and financial support to support redesign efforts. **PATIENT CHALLENGES:** Patient factors unique to the Medicaid and Uninsured population, including health literacy gaps, social/family issues, transportation issues, and REL barriers, create barriers to accessing care. **PATIENT REMEDIES:** Protocols that ensure barriers are addressed in each phase of project implementation, with oversight by a Community Advisory group that includes representation from the patient population and advocacy groups. Telephonic and in-person translation services offered to overcome language barriers.



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✓ IPQR Module 2.a.i.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
 Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	538	0	0	0	0	0	0	0	0	250	250
Non-PCP Practitioners	1,862	0	0	0	0	0	0	0	0	465	930
Hospitals	16	0	0	0	0	0	0	0	3	6	9
Clinics	20	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	11	0	0	0	0	0	0	0	0	0	0
Behavioral Health	144	0	0	0	0	0	0	0	0	20	54
Substance Abuse	21	0	0	0	0	0	0	0	0	5	10
Skilled Nursing Facilities / Nursing Homes	46	0	0	0	0	0	0	0	6	16	26
Pharmacies	101	0	0	0	0	0	0	0	0	20	40
Hospice	2	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	38	0	0	0	0	0	0	0	5	10	15
All Other	1,136	0	0	0	0	0	0	0	0	100	200
Total Committed Providers	3,935	0	0	0	0	0	0	0	14	892	1,534
Percent Committed Providers(%)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.36	22.67	38.98

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	538	250	538	538	538	538	538	538	538	538	538
Non-PCP Practitioners	1,862	1,395	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862



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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Hospitals	16	12	16	16	16	16	16	16	16	16	16
Clinics	20	10	20	20	20	20	20	20	20	20	20
Health Home / Care Management	11	5	11	11	11	11	11	11	11	11	11
Behavioral Health	144	94	144	144	144	144	144	144	144	144	144
Substance Abuse	21	15	21	21	21	21	21	21	21	21	21
Skilled Nursing Facilities / Nursing Homes	46	36	46	46	46	46	46	46	46	46	46
Pharmacies	101	70	101	101	101	101	101	101	101	101	101
Hospice	2	1	2	2	2	2	2	2	2	2	2
Community Based Organizations	38	20	38	38	38	38	38	38	38	38	38
All Other	1,136	636	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136
Total Committed Providers	3,935	2,544	3,935	3,935	3,935	3,935	3,935	3,935	3,935	3,935	3,935
Percent Committed Providers(%)		64.65	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

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✓ IPQR Module 2.a.i.3 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Complete full provider list of all Suffolk County PPS participants, defined by Provider type, with NPI, with Practice Site name	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop list of elements that will need to be part of each provider agreement/contract, create final contract	Project		In Progress	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list	Project		In Progress	08/31/2015	09/15/2015	09/30/2015	DY1 Q2
Task Step 4: Create a process to track all executed Provider contractual agreements	Project		In Progress	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Initiate Outreach & Contracting Strategy to engage PPS partners in formal Participation Agreements (this shall include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, including payers/MCO and social service organizations, as necessary to support strategy)	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Engage in participation agreements with key initial tiered engaged/contracted participating partners	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Create a process that tracks provider performance compared to	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
contract terms/requirements, including corrective actions							
Task Step 8: Engage key unit level PPS partners to participate in IDS project (includes continuum of providers in IDS)	Project		In Progress	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Plan established to monitor PPS provider performance periodically and report to the PPS governance, with correction action and performance improvement initiatives as needed	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements with engaged unit level partners	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4a: Develop process to strategize tiering of partners to prioritize outreach and contracting	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Complete provider list of Suffolk County PPS participants, as in Requirement #1, to include Health Homes, CBOs, ACOs and payers, operating in Suffolk County	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure partnering HH and ACO populations are included in PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list	Project		In Progress	04/01/2015	09/15/2015	09/30/2015	DY1 Q2
Task Step 3: Ensure that signed agreements or attestations are in place with each Health Home	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Set up a scheduled meeting with each Health Home to create a	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



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collaborative structure around care management and care coordination. PPS Care management and Medical leadership will represent the PPS							
Task Step 5: Create template for progress report to demonstrate implementation progress toward evolving Health Homes into an Integrated Delivery System- share template with SCC PPS Care Management leadership and project stakeholders	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Schedule recurring IDS program integration meetings with engaged/contracted Health Homes	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Develop a communication process with Health Homes that includes access to PPS IT platforms. Roll-up all tasks from PPS project teams related to Health Homes into content for process development. Task led by PPS leadership with support from CM leadership/vendor	Project		In Progress	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the IDS Project Stakeholders and the Population Health Management Operating workgroup to discuss the approach to ensuring patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services within the PPS/IDS infrastructure (hiring, mission/vision/values, goals). Identification of vision and modeling of future state care management program.	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Health Information Technology - Develop plan for Clinically	Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2



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Interoperable system - CM platform/tool for a final PPS solution, as well as the planning for the development of SCC CM Program Phase 1 tool. Start-up of CM planning activities will commence as close to the start date of 6/1/2015 as possible .							
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program	Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Health Information Technology - Implement SCC CM Program Phase 1 platform/tool solution (tool operational)	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Development and Dissemination of SCC CM Program structure/clinical leadership/processes (handoffs, reporting structure, how CM program interfaces w/ day to day operations)- to yield successful implementation at engaged/contracted sites	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Create graphics/diagrams of all SCC CM process flows and diagrams, as well as protocols and P&Ps that cover all planned PPS CM activity (demonstrating IDS processes).Circulate drafts with key project stakeholders and collaborate on model. Assure to align model to the various baseline and needs assessment taking place across various provider types engaged in the project.	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: PPS Care Management program leadership to collaborate with DSRIP Project Managers and Project leads across the DSRIP project portfolio to identify provider network gaps in the community support network	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Launch, Educate, Promote Communicate all CM process flows, protocols and polices to Engaged/Contracted PPS stakeholders involved (e.g. medical and behavioral health, post-acute care, long term care and public health entities)	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Develop staffing model to meet anticipated program requirements for both "high risk" and "complex" patient populations. Develop hiring timeline to scale to other sites after immediate needs are met	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Develop process for CM's to communicate and collaborate across the PPS Health System framework, with Health Homes and MCOs. Initiate and monitor effectiveness of communication across multiple key stakeholders.	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 11: Health Information Technology - Clinically Interoperable System is in place for Engaged/Contracted participating providers. PPS CM platform/tool is implemented - Development by SCC IT Task Force - to include HIE Systems support, if applicable, process work flows, documentation of process and workflow including responsible resources and other sources demonstrating implementation of the system.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Health Systems.(to include PPS process for tracking care outside of hospitals to ensure that all critical follow up services and appointment reminders are followed).	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Develop and Document the written materials that will be used for SCC CM Program (IDS) training and develop system to track all training dates and the number of staff trained.	Project		In Progress	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 15: Health Information Technology - Create a reporting process from the CM tool that outlines key CM metrics including the % of discharged patients with a 30 day transition plan documented	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 16: Create a process for quarterly review of the care management system to ensure all requirements are met at engaged/contracted sites	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 17: Provide communications and training for Engaged/Contracted PPS staff and providers on IDS CM protocols and processes(which ensures that patients are receiving appropriate health care and community support)	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 18: Schedule recurring evaluation to monitor performance with reporting up to Clinical PPS Governance	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.	Project		In Progress	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.	Project		In Progress	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.	Project		In Progress	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g.,	Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)							
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop written training materials on secure messaging	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Formation of DURSA (Data Use and Reciprocal Service Agreement) if identified it is required (pending final resolution)	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Obtain DURSA from Engaged/Contracted appropriate PPS Providers	Project		In Progress	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 14: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners	Project		In Progress	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 15: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners	Project		In Progress	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 16: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3



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local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)							
Task Step 18: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging	Project		In Progress	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 19: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).	Project		In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)	Provider	Safety Net Primary Care Physicians	In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful	Provider	Safety Net Primary Care Physicians	In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4



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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Use and PCMH Level 3 Standards							
Task Step 4: Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements	Provider	Safety Net Primary Care Physicians	In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)	Provider	Safety Net Primary Care Physicians	In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices	Provider	Safety Net Primary Care Physicians	In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers	Provider	Safety Net Primary Care Physicians	In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the Population Health Management Operating workgroup and Project 2ai Project Stakeholders to design a Suffolk PPS Care Management structure/clinical leadership/framework to be monitored and overseen by the Clinical Governance Committee	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Health Information Technology: Develop plan for registry function/tool to track management of patient population (including actively engaged	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients).Following initial completion continual updates and maintenance will be needed throughout life of project and beyond.							
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program	Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Hire vendor for early stage implementation and management of CM Information Technology infrastructure	Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Initiate Program Management strategy with engaged Population Health Management Operating workgroup and Project 2ai Project Stakeholders to manage the SCC Care Management Program Development & Implementation Plan (to include building reporting structure, metrics, how CM program interfaces w/ day to day operations, patient registries) who shall report to the Clinical Governance Committee	Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Develop process for CM's to communicate and collaborate across the Suffolk County Health System framework, and Health Homes and MCOs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Hubs.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Begin to collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)	Project		In Progress	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 9: Develop a list of standard "requirements" for case management services that entities doing CM need to meet (outreach processes, required documentation in CM platform, required data/measures)	Project		In Progress	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 10: Health Information Technology: Implement SCC CM PHASE 1 solution	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Identify and prioritize safety net partners to be Engaged/Contracted in "high risk" areas - Work with Health Homes and Suffolk PPS TOC program to identify high risk patients and those most in need of immediate CM services	Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 12: Initiate project implementation with Engaged/Contracted safety net partners							
Task Step 13: Health Information Technology: Train Engaged/Contracted CMs, PCPs and other appropriate providers on use of registry function(PPS ability to target patients through patient registries and is able to track actively engaged patients for project milestone reporting)	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 14: Close project implementation with Engaged/Contracted safety net partners (demonstration of population health management by actively using EHRs, EHR Completeness Reports, including use of targeted patient registries)	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Hire vendor or establish local resource base for PCMH certification support process	Project		In Progress	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 4: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress.							
Task Step 5: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.	Project		In Progress	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Merge all unit level provider type "PCP practice" tasks from the 11 DSRIP project plans and create a global provider outreach and engagement work plan to effectively implement provider interventions with uniformity of message and no duplication of effort. Individual project teams will provide subject matter expertise (for example, patient engagement definitions and specifications) and organizational work stream project leads to provide additional support (for example, IT interoperability needs for all PCP practices).	Project		In Progress	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Develop schedule for Engaged/Contracted PCP partner alignment to PCP project requirements (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use standards by the end of DY3). Align planned sequencing/targeting with "hot spot" suggestions rolled up from individual DSRIP project stakeholders	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Initiate IDS Project plans with Engaged/Contracted partners (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use Stage 2 standards by the end of DY3).	Project		In Progress	10/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Initiate Care Management training of selected engaged/contracted PCP practices and integration into existing practice workflows (including EHRs and connecting patients back into PCP network after IP, BH, or other Non-PCP visit) throughout Suffolk County (Implemented by PPS network development and care management plan staff with support from care management leadership)	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 13: Access - Begin Evaluation of current state Primary Care Practice Redesign efforts within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead and efforts are designed to help overcome largest barriers to care in Suffolk County (included in PCMH interventions referenced herein) - Assessment to evaluate things such as centralized scheduling, expanded office hours, etc.	Project		In Progress	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Access - Evaluate results of Primary Care Practice Redesign Current State Assessment and develop plan to support Engaged/Contracted PCPs to increase access (ex. leveraging care managers to increase capacity, after hours care options, PCP practices that already have extended hours). Utilize Community Needs assessment data to define high-need areas.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 15: Access - Collaborate with Providers and Project Stakeholders on creating a PPS new provider capacity plan which records current plans, creates new plans based on need and then tracks all plans for physician and mid-level recruitment by PPS primary care practices. Also roll-up all individual project tasks that relate to new capacity or beds to ensure uniform effort and tracking across the PPS	Project		In Progress	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 17: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation, and status reporting of recruitment of PCP's particular in high need areas, demonstrating improved access via CAHPS measurement.	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers	Project		In Progress	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Based on current state assessment results, PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing	Project		In Progress	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 16: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices	Project		In Progress	10/01/2016	12/31/2017	12/31/2017	DY3 Q3



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Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Initiate meetings monthly with selected Engaged MCOs with exploratory discussions of a future state value-based payment arrangement opportunities (may include bundled payment arrangements), this will include educating potential partner relationships on the SCC Care Management Program framework, infrastructure and Health Information Technology/Data Analytics platform undergoing development	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "Milestone 4: Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Evaluate existing MCO P4P opportunities and provide input on messaging to engaged/contracted PPS partners to be distributed by the Network Development and Practitioner Engagement staff of the SCC	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Create additional provider incentives to support success in DSRIP P4P measures (Overall goal set by DSRIP "High Performance" measure, results based on reducing gap to goal by 10% within practice for current year, previous YR sets baseline for upcoming year, etc.)	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	10/01/2015	12/31/2017	12/31/2017	DY3 Q3



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7: Using the SCC Clinically Interoperable Care Management system the SCC Performance Reporting program to organize "MCO report" to support demonstrating outcomes for active value based payment arrangements							
Task Step 8: Report ongoing progress "SCC MCO Relations Report" to PPS governance (including reports demonstrating percentage of total provider Medicaid reimbursement using value-based payments). Submit documentation of executed Medicaid Managed Care Contracts as necessary to the NYS DOH.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Begin meetings with internal stakeholders to establish internal goals and action items for MCO meetings (e.g. incorporate current state of readiness and capacity to support change across PPS)	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Coordinate with MCO's to develop scorecards criteria that demonstrates utilization trends, performance measures, performance outcomes, performance issues of attributed populations	Project		In Progress	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Initiate "SCC MCO Relations Scorecard" for ongoing progress to PPS governance	Project		In Progress	01/31/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.							
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy Completed (Data Source called "VBP Plan")	Project		In Progress	01/31/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Begin meetings with internal and external Project 2ai Stakeholders to establish internal goals, timeline and program objectives for evolving provider compensation modeling to incentive based compensation (to include the Value-based Payment roadmap) and action items for MCO meetings	Project		In Progress	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Evaluate MCO value-based payment opportunities for PPS Engaged/Contracted PCPs and other unit level provider types	Project		In Progress	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "Milestone 4: Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
waiver at the latest.")							
Task Step 8: Create process and ownership roles to maintain documentation of current compensation models	Project		In Progress	01/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Report ongoing progress on developing compensation modeling and implementation plan via a "SCC MCO Relations Report" to PPS governance (including status of provider compensation modeling to incentive based compensation, implementation plan modeling and consultant and provider recommendations/feedback)	Project		In Progress	01/31/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 10: Collaborate with engaged MCOs to create/propose value-based payment methodology pilots (including compensation modeling, implementation plans and PPS network recommendations)	Project		In Progress	01/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 11: Report Transitional payment model pilots with selected engaged/contracted partners (collect sources demonstration implementation of the compensation and performance management system, may include contract, reports, payment vouchers, other)	Project		In Progress	01/31/2018	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Project	N/A	In Progress	09/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	09/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Project 2ai Stakeholders, PPS project management office and Project Leads to identify the Patient Engagement, Community Based Organization engagement opportunities and care management navigation requirements across DSRIP portfolio. (Team includes input from clinicians as well as community based orgs, individuals with communications/marketing backgrounds and experience with cultural sensitivity, diversity needs and training, and individuals with lived behavioral health experience to be part of the project management team for 2ai to ensure appropriate attention to engagement strategies.)	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Host directory of PPS partner Community Based Organizations of Suffolk Care Collaborative website for the public	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 3: Cultural Competency & Health Literacy Strategy Finalized	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Begin Initiating contracts with PPS partner Community Based Organizations to support outreach and navigation activities for DSRIP projects.	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: PPS to identify roles, competencies and necessary resources for outreach and navigation activities. (e.g., assessing number of navigators to hire, defining roles of relevant stakeholder teams, training programs and resources, regional coordination strategy, etc.) across DSRIP portfolio	Project		In Progress	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Create a quality control process with engaged/contracted community health workers to review and contribute to individual project team patient interventions or outreach activities to ensure that they are culturally sensitive and address the population's needs.	Project		In Progress	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Education & Promotion: Include engaged/contracted Community Based Organizations in key Project Stakeholder meetings & engagements with external partners throughout DSRIP portfolio to educate on program and PPS on engagement/outcomes/lessoned learned	Project		In Progress	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Form a Community Consumer Advisory Board to manage the quality control and effectiveness of Patient engagement efforts across the DSRIP portfolio (leveraging community health workers, peers, and culturally competent community-based organizations). This group will be supported by Project Stakeholders engaged in the patient engagement efforts. Recommendations to operations, materials, etc. will go back to their respective project workgroup/committee. Ongoing monitoring and management will reside within the Community Needs Assessment, Outreach and Cultural Competency & Health Literacy Governance Committee, who will report to the Board of Directors on all patient communication and outreach activities to ensure that they are appropriate.	Project		In Progress	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Patient portal into PPS site and/or EHR. Initial phase of functionality expected earlier than full scope of portal, plus continual updates and maintenance will be needed throughout life of project and beyond	Project		In Progress	03/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 10: Collect documentation of partnerships with CBOs, evidence of	Project		In Progress	01/31/2018	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community health worker hiring, co-location agreements from DSRIP project portfolio, and report on how many patients engaged with community health workers							

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task Step 1: Complete full provider list of all Suffolk County PPS participants, defined by Provider type, with NPI, with Practice Site name										
Task Step 2: Develop list of elements that will need to be part of each provider agreement/contract, create final contract										
Task Step 3: Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list										
Task Step 4: Create a process to track all executed Provider contractual agreements										
Task Step 5: Initiate Outreach & Contracting Strategy to engage PPS partners in formal Participation Agreements (this shall include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, including payers/MCO and social service organizations, as necessary to support strategy)										
Task Step 6: Engage in participation agreements with key initial tiered engaged/contracted participating partners										
Task										



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State University of New York at Stony Brook University Hospital (PPS ID:16)

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Step 7: Create a process that tracks provider performance compared to contract terms/requirements, including corrective actions										
Task Step 8: Engage key unit level PPS partners to participate in IDS project (includes continuum of providers in IDS)										
Task Step 9: Plan established to monitor PPS provider performance periodically and report to the PPS governance, with correction action and performance improvement initiatives as needed										
Task Step 10: Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements with engaged unit level partners										
Task Step 4a: Develop process to strategize tiering of partners to prioritize outreach and contracting										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task Step 1: Complete provider list of Suffolk County PPS participants, as in Requirement #1, to include Health Homes, CBOs, ACOs and payers, operating in Suffolk County										
Task Step 2: Ensure partnering HH and ACO populations are included in PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list										
Task Step 3: Ensure that signed agreements or attestations are in place with each Health Home										
Task Step 4: Set up a scheduled meeting with each Health Home to										



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create a collaborative structure around care management and care coordination. PPS Care management and Medical leadership will represent the PPS										
Task Step 5: Create template for progress report to demonstrate implementation progress toward evolving Health Homes into an Integrated Delivery System- share template with SCC PPS Care Management leadership and project stakeholders										
Task Step 6: Schedule recurring IDS program integration meetings with engaged/contracted Health Homes										
Task Step 7: Develop a communication process with Health Homes that includes access to PPS IT platforms. Roll-up all tasks from PPS project teams related to Health Homes into content for process development. Task led by PPS leadership with support from CM leadership/vendor										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task Step 1: Engage the IDS Project Stakeholders and the Population Health Management Operating workgroup to discuss the approach to ensuring patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services within the PPS/IDS infrastructure (hiring, mission/vision/values, goals). Identification of vision and modeling of future state care management program.										
Task Step 2: Health Information Technology - Develop plan for										



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Clinically Interoperable system - CM platform/tool for a final PPS solution, as well as the planning for the development of SCC CM Program Phase 1 tool. Start-up of CM planning activities will commence as close to the start date of 6/1/2015 as possible .										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Health Information Technology - Implement SCC CM Program Phase 1 platform/tool solution (tool operational)										
Task Step 5: Development and Dissemination of SCC CM Program structure/clinical leadership/processes (handoffs, reporting structure, how CM program interfaces w/ day to day operations)- to yield successful implementation at engaged/contracted sites										
Task Step 6: Create graphics/diagrams of all SCC CM process flows and diagrams, as well as protocols and P&Ps that cover all planned PPS CM activity (demonstrating IDS processes).Circulate drafts with key project stakeholders and collaborate on model. Assure to align model to the various baseline and needs assessment taking place across various provider types engaged in the project.										
Task Step 7: PPS Care Management program leadership to collaborate with DSRIP Project Managers and Project leads across the DSRIP project portfolio to identify provider network gaps in the community support network										
Task Step 8: Launch, Educate, Promote Communicate all CM process flows, protocols and polices to Engaged/Contracted PPS stakeholders involved (e.g. medical and behavioral health, post-acute care, long term care and public health entities)										
Task Step 9: Develop staffing model to meet anticipated program requirements for both "high risk" and "complex" patient populations. Develop hiring timeline to scale to other sites after immediate needs are met										
Task Step 10: Develop process for CM's to communicate and collaborate across the PPS Health System framework, with Health Homes and MCOs. Initiate and monitor effectiveness of										



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communication across multiple key stakeholders.										
Task Step 11: Health Information Technology - Clinically Interoperable System is in place for Engaged/Contracted participating providers. PPS CM platform/tool is implemented - Development by SCC IT Task Force - to include HIE Systems support, if applicable, process work flows, documentation of process and workflow including responsible resources and other sources demonstrating implementation of the system.										
Task Step 12: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Health Systems.(to include PPS process for tracking care outside of hospitals to ensure that all critical follow up services and appointment reminders are followed).										
Task Step 13: Collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)										
Task Step 14: Develop and Document the written materials that will be used for SCC CM Program (IDS) training and develop system to track all training dates and the number of staff trained.										
Task Step 15: Health Information Technology - Create a reporting process from the CM tool that outlines key CM metrics including the % of discharged patients with a 30 day transition plan documented										
Task Step 16: Create a process for quarterly review of the care management system to ensure all requirements are met at engaged/contracted sites										
Task Step 17: Provide communications and training for Engaged/Contracted PPS staff and providers on IDS CM protocols and processes(which ensures that patients are receiving appropriate health care and community support)										
Task Step 18: Schedule recurring evaluation to monitor performance with reporting up to Clinical PPS Governance										
Milestone #4										



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Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	62	162
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	7	8	9
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	10	20
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	38	38	38
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project										



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requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Formation of DURSA (Data Use and Reciprocal Service Agreement) if identified it is required (pending final resolution)										
Task Step 13: Obtain DURSA from Engaged/Contracted appropriate PPS Providers										
Task Step 14: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 15: Develop and initiate WBS to demonstrate use of										



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DIRECT secure email transactions with selected PPS partners										
Task Step 16: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 17: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)										
Task Step 18: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 19: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	42	42
Task Step 1: Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving										



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project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 3: Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4: Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5: Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6: Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7: Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										



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Task Step 1: Engage the Population Health Management Operating workgroup and Project 2ai Project Stakeholders to design a Suffolk PPS Care Management structure/clinical leadership/framework to be monitored and overseen by the Clinical Governance Committee										
Task Step 2: Health Information Technology: Develop plan for registry function/tool to track management of patient population (including actively engaged patients).Following initial completion continual updates and maintenance will be needed throughout life of project and beyond.										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Hire vendor for early stage implementation and management of CM Information Technology infrastructure										
Task Step 5: Initiate Program Management strategy with engaged Population Health Management Operating workgroup and Project 2ai Project Stakeholders to manage the SCC Care Management Program Development & Implementation Plan (to include building reporting structure, metrics, how CM program interfaces w/ day to day operations, patient registries) who shall report to the Clinical Governance Committee										
Task Step 6: Develop process for CM's to communicate and collaborate across the Suffolk County Health System framework, and Health Homes and MCOs.										
Task Step 7: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Hubs.										
Task Step 8: Begin to collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)										
Task Step 9: Develop a list of standard "requirements" for case management services that entities doing CM need to meet (outreach processes, required documentation in CM platform, required data/measures)										



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Task Step 10: Health Information Technology: Implement SCC CM PHASE 1 solution										
Task Step 11: Identify and prioritize safety net partners to be Engaged/Contracted in "high risk" areas - Work with Health Homes and Suffolk PPS TOC program to identify high risk patients and those most in need of immediate CM services										
Task Step 12: Initiate project implementation with Engaged/Contracted safety net partners										
Task Step 13: Health Information Technology: Train Engaged/Contracted CMs, PCPs and other appropriate providers on use of registry function(PPS ability to target patients through patient registries and is able to track actively engaged patients for project milestone reporting)										
Task Step 14: Close project implementation with Engaged/Contracted safety net partners (demonstration of population health management by actively using EHRs, EHR Completeness Reports, including use of targeted patient registries)										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	250	250
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Step 1: Engage PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 2: Hire vendor or establish local resource base for PCMH										



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certification support process										
Task Step 3: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 4: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress.										
Task Step 5: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 6: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 9: Merge all unit level provider type "PCP practice" tasks from the 11 DSRIP project plans and create a global provider outreach and engagement work plan to effectively implement provider interventions with uniformity of message and no duplication of effort. Individual project teams will provide subject matter expertise (for example, patient engagement definitions and specifications) and organizational work stream project leads to provide additional support (for example, IT interoperability needs for all PCP practices).										
Task Step 10: Develop schedule for Engaged/Contracted PCP partner alignment to PCP project requirements (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use standards by the end of DY3). Align planned sequencing/targeting with "hot spot" suggestions rolled up from individual DSRIP project stakeholders										
Task Step 11: Initiate IDS Project plans with Engaged/Contracted partners (PCMH Certification, Expanding Access and Meeting										



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EMR Meaningful Use Stage 2 standards by the end of DY3).										
Task Step 12: Initiate Care Management training of selected engaged/contracted PCP practices and integration into existing practice workflows (including EHRs and connecting patients back into PCP network after IP, BH, or other Non-PCP visit) throughout Suffolk County (Implemented by PPS network development and care management plan staff with support from care management leadership)										
Task Step 13: Access - Begin Evaluation of current state Primary Care Practice Redesign efforts within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead and efforts are designed to help overcome largest barriers to care in Suffolk County (included in PCMH interventions referenced herein) - Assessment to evaluate things such as centralized scheduling, expanded office hours, etc.										
Task Step 14: Access - Evaluate results of Primary Care Practice Redesign Current State Assessment and develop plan to support Engaged/Contracted PCPs to increase access (ex. leveraging care managers to increase capacity, after hours care options, PCP practices that already have extended hours). Utilize Community Needs assessment data to define high-need areas.										
Task Step 15: Access - Collaborate with Providers and Project Stakeholders on creating a PPS new provider capacity plan which records current plans, creates new plans based on need and then tracks all plans for physician and mid-level recruitment by PPS primary care practices. Also roll-up all individual project tasks that relate to new capacity or beds to ensure uniform effort and tracking across the PPS										
Task Step 17: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation, and status reporting of recruitment of PCP's particular in high need areas, demonstrating improved access via CAHPS measurement.										
Task Step 18: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										



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Task Step 7: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 8: Based on current state assessment results, PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 3: Initiate meetings monthly with selected Engaged MCOs with exploratory discussions of a future state value-based payment arrangement opportunities (may include bundled payment arrangements), this will include educating potential partner relationships on the SCC Care Management Program framework, infrastructure and Health Information Technology/Data Analytics platform undergoing development										
Task Step 4: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "Milestone 4: Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. Milestone 5: Finalize a plan towards achieving 90% value-										



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based payments across network by year 5 of the waiver at the latest.")										
Task Step 5: Evaluate existing MCO P4P opportunities and provide input on messaging to engaged/contracted PPS partners to be distributed by the Network Development and Practitioner Engagement staff of the SCC										
Task Step 6: Create additional provider incentives to support success in DSRIP P4P measures (Overall goal set by DSRIP "High Performance" measure, results based on reducing gap to goal by 10% within practice for current year, previous YR sets baseline for upcoming year, etc.)										
Task Step 7: Using the SCC Clinically Interoperable Care Management system the SCC Performance Reporting program to organize "MCO report" to support demonstrating outcomes for active value based payment arrangements										
Task Step 8: Report ongoing progress "SCC MCO Relations Report" to PPS governance (including reports demonstrating percentage of total provider Medicaid reimbursement using value-based payments). Submit documentation of executed Medicaid Managed Care Contracts as necessary to the NYS DOH.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Begin meetings with internal stakeholders to establish internal goals and action items for MCO meetings (e.g. incorporate current state of readiness and capacity to support change across PPS)										
Task Step 3: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										



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Task Step 4: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)										
Task Step 5: Coordinate with MCO's to develop scorecards criteria that demonstrates utilization trends, performance measures, performance outcomes, performance issues of attributed populations										
Task Step 6: Initiate "SCC MCO Relations Scorecard" for ongoing progress to PPS governance										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 3: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)										
Task Step 4: Baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy Completed (Data Source called "VBP Plan")										
Task Step 5: Begin meetings with internal and external Project 2ai Stakeholders to establish internal goals, timeline and program objectives for evolving provider compensation modeling to										



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incentive based compensation (to include the Value-based Payment roadmap) and action items for MCO meetings										
Task Step 6: Evaluate MCO value-based payment opportunities for PPS Engaged/Contracted PCPs and other unit level provider types										
Task Step 7: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "Milestone 4: Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")										
Task Step 8: Create process and ownership roles to maintain documentation of current compensation models										
Task Step 9: Report ongoing progress on developing compensation modeling and implementation plan via a "SCC MCO Relations Report" to PPS governance (including status of provider compensation modeling to incentive based compensation, implementation plan modeling and consultant and provider recommendations/feedback)										
Task Step 10: Collaborate with engaged MCOs to create/propose value-based payment methodology pilots (including compensation modeling, implementation plans and PPS network recommendations)										
Task Step 11: Report Transitional payment model pilots with selected engaged/contracted partners (collect sources demonstration implementation of the compensation and performance management system, may include contract, reports, payment vouchers, other)										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations										



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utilized in IDS for outreach and navigation activities.										
Task Step 1: Engage Project 2ai Stakeholders, PPS project management office and Project Leads to identify the Patient Engagement, Community Based Organization engagement opportunities and care management navigation requirements across DSRIP portfolio. (Team includes input from clinicians as well as community based orgs, individuals with communications/marketing backgrounds and experience with cultural sensitivity, diversity needs and training, and individuals with lived behavioral health experience to be part of the project management team for 2ai to ensure appropriate attention to engagement strategies.)										
Task Step 2: Host directory of PPS partner Community Based Organizations of Suffolk Care Collaborative website for the public										
Task Step 3: Cultural Competency & Health Literacy Strategy Finalized										
Task Step 4: Begin Initiating contracts with PPS partner Community Based Organizations to support outreach and navigation activities for DSRIP projects.										
Task Step 5: PPS to identify roles, competencies and necessary resources for outreach and navigation activities. (e.g., assessing number of navigators to hire, defining roles of relevant stakeholder teams, training programs and resources, regional coordination strategy, etc.) across DSRIP portfolio										
Task Step 6: Create a quality control process with engaged/contracted community health workers to review and contribute to individual project team patient interventions or outreach activities to ensure that they are culturally sensitive and address the population's needs.										
Task Step 7: Education & Promotion: Include engaged/contracted Community Based Organizations in key Project Stakeholder meetings & engagements with external partners throughout DSRIP portfolio to educate on program and PPS on engagement/outcomes/lessoned learned										
Task										



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Step 8: Form a Community Consumer Advisory Board to manage the quality control and effectiveness of Patient engagement efforts across the DSRIP portfolio (leveraging community health workers, peers, and culturally competent community-based organizations). This group will be supported by Project Stakeholders engaged in the patient engagement efforts. Recommendations to operations, materials, etc. will go back to their respective project workgroup/committee. Ongoing monitoring and management will reside within the Community Needs Assessment, Outreach and Cultural Competency & Health Literacy Governance Committee, who will report to the Board of Directors on all patient communication and outreach activities to ensure that they are appropriate.										
Task Step 9: Patient portal into PPS site and/or EHR. Initial phase of functionality expected earlier than full scope of portal, plus continual updates and maintenance will be needed throughout life of project and beyond										
Task Step 10: Collect documentation of partnerships with CBOs, evidence of community health worker hiring, co-location agreements from DSRIP project portfolio, and report on how many patients engaged with community health workers										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task Step 1: Complete full provider list of all Suffolk County PPS participants, defined by Provider type, with NPI, with Practice Site name										
Task Step 2: Develop list of elements that will need to be part of each provider agreement/contract, create final contract										



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Task Step 3: Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list										
Task Step 4: Create a process to track all executed Provider contractual agreements										
Task Step 5: Initiate Outreach & Contracting Strategy to engage PPS partners in formal Participation Agreements (this shall include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, including payers/MCO and social service organizations, as necessary to support strategy)										
Task Step 6: Engage in participation agreements with key initial tiered engaged/contracted participating partners										
Task Step 7: Create a process that tracks provider performance compared to contract terms/requirements, including corrective actions										
Task Step 8: Engage key unit level PPS partners to participate in IDS project (includes continuum of providers in IDS)										
Task Step 9: Plan established to monitor PPS provider performance periodically and report to the PPS governance, with correction action and performance improvement initiatives as needed										
Task Step 10: Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements with engaged unit level partners										
Task Step 4a: Develop process to strategize tiering of partners to prioritize outreach and contracting										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management										



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strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task Step 1: Complete provider list of Suffolk County PPS participants, as in Requirement #1, to include Health Homes, CBOs, ACOs and payers, operating in Suffolk County										
Task Step 2: Ensure partnering HH and ACO populations are included in PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list										
Task Step 3: Ensure that signed agreements or attestations are in place with each Health Home										
Task Step 4: Set up a scheduled meeting with each Health Home to create a collaborative structure around care management and care coordination. PPS Care management and Medical leadership will represent the PPS										
Task Step 5: Create template for progress report to demonstrate implementation progress toward evolving Health Homes into an Integrated Delivery System- share template with SCC PPS Care Management leadership and project stakeholders										
Task Step 6: Schedule recurring IDS program integration meetings with engaged/contracted Health Homes										
Task Step 7: Develop a communication process with Health Homes that includes access to PPS IT platforms. Roll-up all tasks from PPS project teams related to Health Homes into content for process development. Task led by PPS leadership with support from CM leadership/vendor										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has										



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identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task Step 1: Engage the IDS Project Stakeholders and the Population Health Management Operating workgroup to discuss the approach to ensuring patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services within the PPS/IDS infrastructure (hiring, mission/vision/values, goals). Identification of vision and modeling of future state care management program.										
Task Step 2: Health Information Technology - Develop plan for Clinically Interoperable system - CM platform/tool for a final PPS solution, as well as the planning for the development of SCC CM Program Phase 1 tool. Start-up of CM planning activities will commence as close to the start date of 6/1/2015 as possible .										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Health Information Technology - Implement SCC CM Program Phase 1 platform/tool solution (tool operational)										
Task Step 5: Development and Dissemination of SCC CM Program structure/clinical leadership/processes (handoffs, reporting structure, how CM program interfaces w/ day to day operations)- to yield successful implementation at engaged/contracted sites										
Task Step 6: Create graphics/diagrams of all SCC CM process flows and diagrams, as well as protocols and P&Ps that cover all planned PPS CM activity (demonstrating IDS processes).Circulate drafts with key project stakeholders and collaborate on model. Assure to align model to the various baseline and needs assessment taking place across various provider types engaged in the project.										



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Task Step 7: PPS Care Management program leadership to collaborate with DSRIP Project Managers and Project leads across the DSRIP project portfolio to identify provider network gaps in the community support network										
Task Step 8: Launch, Educate, Promote Communicate all CM process flows, protocols and polices to Engaged/Contracted PPS stakeholders involved (e.g. medical and behavioral health, post-acute care, long term care and public health entities)										
Task Step 9: Develop staffing model to meet anticipated program requirements for both "high risk" and "complex" patient populations. Develop hiring timeline to scale to other sites after immediate needs are met										
Task Step 10: Develop process for CM's to communicate and collaborate across the PPS Health System framework, with Health Homes and MCOs. Initiate and monitor effectiveness of communication across multiple key stakeholders.										
Task Step 11: Health Information Technology - Clinically Interoperable System is in place for Engaged/Contracted participating providers. PPS CM platform/tool is implemented - Development by SCC IT Task Force - to include HIE Systems support, if applicable, process work flows, documentation of process and workflow including responsible resources and other sources demonstrating implementation of the system.										
Task Step 12: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Health Systems.(to include PPS process for tracking care outside of hospitals to ensure that all critical follow up services and appointment reminders are followed).										
Task Step 13: Collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)										
Task Step 14: Develop and Document the written materials that will be used for SCC CM Program (IDS) training and develop system to track all training dates and the number of staff trained.										



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Task Step 15: Health Information Technology - Create a reporting process from the CM tool that outlines key CM metrics including the % of discharged patients with a 30 day transition plan documented										
Task Step 16: Create a process for quarterly review of the care management system to ensure all requirements are met at engaged/contracted sites										
Task Step 17: Provide communications and training for Engaged/Contracted PPS staff and providers on IDS CM protocols and processes(which ensures that patients are receiving appropriate health care and community support)										
Task Step 18: Schedule recurring evaluation to monitor performance with reporting up to Clinical PPS Governance										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	162	162	162	162	162	162	162	162	162	162
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	9	9	9	9	9	9	9	9	9	9
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	30	50	50	50	50	50	50	50	50	50
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	38	38	38	38	38	38	38	38	38	38
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of										



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engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure										



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messaging (if applicable).										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Formation of DURSA (Data Use and Reciprocal Service Agreement) if identified it is required (pending final resolution)										
Task Step 13: Obtain DURSA from Engaged/Contracted appropriate PPS Providers										
Task Step 14: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 15: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 16: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 17: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)										
Task Step 18: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 19: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards										



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and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	42	92	92	92	92	92	92	92	92	92
Task Step 1: Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 3: Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4: Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5: Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6: Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										



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Task Step 7: Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Engage the Population Health Management Operating workgroup and Project 2ai Project Stakeholders to design a Suffolk PPS Care Management structure/clinical leadership/framework to be monitored and overseen by the Clinical Governance Committee										
Task Step 2: Health Information Technology: Develop plan for registry function/tool to track management of patient population (including actively engaged patients).Following initial completion continual updates and maintenance will be needed throughout life of project and beyond.										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Hire vendor for early stage implementation and management of CM Information Technology infrastructure										
Task Step 5: Initiate Program Management strategy with engaged Population Health Management Operating workgroup and Project 2ai Project Stakeholders to manage the SCC Care Management Program Development & Implementation Plan (to include building reporting structure, metrics, how CM program interfaces w/ day to day operations, patient registries) who shall										



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report to the Clinical Governance Committee										
Task Step 6: Develop process for CM's to communicate and collaborate across the Suffolk County Health System framework, and Health Homes and MCOs.										
Task Step 7: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Hubs.										
Task Step 8: Begin to collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)										
Task Step 9: Develop a list of standard "requirements" for case management services that entities doing CM need to meet (outreach processes, required documentation in CM platform, required data/measures)										
Task Step 10: Health Information Technology: Implement SCC CM PHASE 1 solution										
Task Step 11: Identify and prioritize safety net partners to be Engaged/Contracted in "high risk" areas - Work with Health Homes and Suffolk PPS TOC program to identify high risk patients and those most in need of immediate CM services										
Task Step 12: Initiate project implementation with Engaged/Contracted safety net partners										
Task Step 13: Health Information Technology: Train Engaged/Contracted CMs, PCPs and other appropriate providers on use of registry function(PPS ability to target patients through patient registries and is able to track actively engaged patients for project milestone reporting)										
Task Step 14: Close project implementation with Engaged/Contracted safety net partners (demonstration of population health management by actively using EHRs, EHR Completeness Reports, including use of targeted patient registries)										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care										



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Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	250	538	538	538	538	538	538	538	538	538
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Step 1: Engage PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 2: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 3: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 4: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress.										
Task Step 5: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 6: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 9: Merge all unit level provider type "PCP practice" tasks										



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from the 11 DSRIP project plans and create a global provider outreach and engagement work plan to effectively implement provider interventions with uniformity of message and no duplication of effort. Individual project teams will provide subject matter expertise (for example, patient engagement definitions and specifications) and organizational work stream project leads to provide additional support (for example, IT interoperability needs for all PCP practices).										
Task Step 10: Develop schedule for Engaged/Contracted PCP partner alignment to PCP project requirements (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use standards by the end of DY3). Align planned sequencing/targeting with "hot spot" suggestions rolled up from individual DSRIP project stakeholders										
Task Step 11: Initiate IDS Project plans with Engaged/Contracted partners (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use Stage 2 standards by the end of DY3).										
Task Step 12: Initiate Care Management training of selected engaged/contracted PCP practices and integration into existing practice workflows (including EHRs and connecting patients back into PCP network after IP, BH, or other Non-PCP visit) throughout Suffolk County (Implemented by PPS network development and care management plan staff with support from care management leadership)										
Task Step 13: Access - Begin Evaluation of current state Primary Care Practice Redesign efforts within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead and efforts are designed to help overcome largest barriers to care in Suffolk County (included in PCMH interventions referenced herein) - Assessment to evaluate things such as centralized scheduling, expanded office hours, etc.										
Task Step 14: Access - Evaluate results of Primary Care Practice Redesign Current State Assessment and develop plan to support Engaged/Contracted PCPs to increase access (ex. leveraging care managers to increase capacity, after hours care options, PCP practices that already have extended hours). Utilize Community Needs assessment data to define high-need areas.										



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Task Step 15: Access - Collaborate with Providers and Project Stakeholders on creating a PPS new provider capacity plan which records current plans, creates new plans based on need and then tracks all plans for physician and mid-level recruitment by PPS primary care practices. Also roll-up all individual project tasks that relate to new capacity or beds to ensure uniform effort and tracking across the PPS										
Task Step 17: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation, and status reporting of recruitment of PCP's particular in high need areas, demonstrating improved access via CAHPS measurement.										
Task Step 18: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 7: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 8: Based on current state assessment results, PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										



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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 3: Initiate meetings monthly with selected Engaged MCOs with exploratory discussions of a future state value-based payment arrangement opportunities (may include bundled payment arrangements), this will include educating potential partner relationships on the SCC Care Management Program framework, infrastructure and Health Information Technology/Data Analytics platform undergoing development										
Task Step 4: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "Milestone 4: Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")										
Task Step 5: Evaluate existing MCO P4P opportunities and provide input on messaging to engaged/contracted PPS partners to be distributed by the Network Development and Practitioner Engagement staff of the SCC										
Task Step 6: Create additional provider incentives to support success in DSRIP P4P measures (Overall goal set by DSRIP "High Performance" measure, results based on reducing gap to goal by 10% within practice for current year, previous YR sets baseline for upcoming year, etc.)										
Task Step 7: Using the SCC Clinically Interoperable Care Management system the SCC Performance Reporting program to organize "MCO report" to support demonstrating outcomes for active value based payment arrangements										
Task Step 8: Report ongoing progress "SCC MCO Relations Report" to PPS governance (including reports demonstrating percentage of total provider Medicaid reimbursement using value-based payments). Submit documentation of executed Medicaid Managed Care Contracts as necessary to the NYS DOH.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss										



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utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Begin meetings with internal stakeholders to establish internal goals and action items for MCO meetings (e.g. incorporate current state of readiness and capacity to support change across PPS)										
Task Step 3: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 4: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)										
Task Step 5: Coordinate with MCO's to develop scorecards criteria that demonstrates utilization trends, performance measures, performance outcomes, performance issues of attributed populations										
Task Step 6: Initiate "SCC MCO Relations Scorecard" for ongoing progress to PPS governance										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										



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Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 3: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)										
Task Step 4: Baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy Completed (Data Source called "VBP Plan")										
Task Step 5: Begin meetings with internal and external Project 2ai Stakeholders to establish internal goals, timeline and program objectives for evolving provider compensation modeling to incentive based compensation (to include the Value-based Payment roadmap) and action items for MCO meetings										
Task Step 6: Evaluate MCO value-based payment opportunities for PPS Engaged/Contracted PCPs and other unit level provider types										
Task Step 7: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "Milestone 4: Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")										
Task Step 8: Create process and ownership roles to maintain documentation of current compensation models										
Task Step 9: Report ongoing progress on developing compensation modeling and implementation plan via a "SCC MCO Relations Report" to PPS governance (including status of provider compensation modeling to incentive based compensation, implementation plan modeling and consultant and provider										



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recommendations/feedback)										
Task Step 10: Collaborate with engaged MCOs to create/propose value-based payment methodology pilots (including compensation modeling, implementation plans and PPS network recommendations)										
Task Step 11: Report Transitional payment model pilots with selected engaged/contracted partners (collect sources demonstration implementation of the compensation and performance management system, may include contract, reports, payment vouchers, other)										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task Step 1: Engage Project 2ai Stakeholders, PPS project management office and Project Leads to identify the Patient Engagement, Community Based Organization engagement opportunities and care management navigation requirements across DSRIP portfolio. (Team includes input from clinicians as well as community based orgs, individuals with communications/marketing backgrounds and experience with cultural sensitivity, diversity needs and training, and individuals with lived behavioral health experience to be part of the project management team for 2ai to ensure appropriate attention to engagement strategies.)										
Task Step 2: Host directory of PPS partner Community Based Organizations of Suffolk Care Collaborative website for the public										
Task Step 3: Cultural Competency & Health Literacy Strategy Finalized										
Task Step 4: Begin Initiating contracts with PPS partner Community Based Organizations to support outreach and navigation activities for DSRIP projects.										
Task										



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Step 5: PPS to identify roles, competencies and necessary resources for outreach and navigation activities. (e.g., assessing number of navigators to hire, defining roles of relevant stakeholder teams, training programs and resources, regional coordination strategy, etc.) across DSRIP portfolio										
Task Step 6: Create a quality control process with engaged/contracted community health workers to review and contribute to individual project team patient interventions or outreach activities to ensure that they are culturally sensitive and address the population's needs.										
Task Step 7: Education & Promotion: Include engaged/contracted Community Based Organizations in key Project Stakeholder meetings & engagements with external partners throughout DSRIP portfolio to educate on program and PPS on engagement/outcomes/lessoned learned										
Task Step 8: Form a Community Consumer Advisory Board to manage the quality control and effectiveness of Patient engagement efforts across the DSRIP portfolio (leveraging community health workers, peers, and culturally competent community-based organizations). This group will be supported by Project Stakeholders engaged in the patient engagement efforts. Recommendations to operations, materials, etc. will go back to their respective project workgroup/committee. Ongoing monitoring and management will reside within the Community Needs Assessment, Outreach and Cultural Competency & Health Literacy Governance Committee, who will report to the Board of Directors on all patient communication and outreach activities to ensure that they are appropriate.										
Task Step 9: Patient portal into PPS site and/or EHR. Initial phase of functionality expected earlier than full scope of portal, plus continual updates and maintenance will be needed throughout life of project and beyond										
Task Step 10: Collect documentation of partnerships with CBOs, evidence of community health worker hiring, co-location agreements from DSRIP project portfolio, and report on how many patients engaged with community health workers										



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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	The SCC is dependent on receiving the revised Partner list pending from NYS DOH to complete this milestone in preparation for contracting with partners for IDS.
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	XG Health Solutions engaged by SCC
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	XG Health Solutions engaged by SCC.
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	



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IPQR Module 2.a.i.4 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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IPQR Module 2.a.i.5 - IA Monitoring

Instructions :