



**Safety Net/VAP II Medicaid Rate
Adjustment
Approved Application
Webinar
December 2013**



Agenda



- VAP Program Overview
- Approval Process and Awards
- Timeline
- Strategic Planner
- CMS Issues
- Process for Rate Adjustments
- Reporting Requirements
- Temporary Medicaid Rate Adjustment Agreement (TMRAA) Documents
- Q & A



VAP Program Overview



- The 2013-14 enacted budget allocated \$152 million for VAP/Safety Net Programs and \$30 million for Financially Disadvantaged Nursing Homes

	Financially Disadvantaged Nursing Homes	VAP/Safety Net	Total
Total Available Funding	\$30,000,000	\$152,000,000	\$182,000,000
Phase 1 Funding (Years 1 and 2)	\$15,181,469	\$39,724,801	\$54,906,270
Phase 2 Avail Funding	\$14,818,531	\$112,275,199	\$127,093,730



VAP Program Overview

Purpose & Expected Outcomes

NEW YORK
state department of
HEALTH

- **Purpose**
 - To reconfigure the operations of financially fragile vital access providers
- **Expected Outcomes**
 - Financially stabilize facilities
 - Improve access to services
 - Improve quality of care
 - Reduce Medicaid program costs



Approval Process Summary



- Process used
 - Applications scored and evaluated by OHIP & OHSM staff
 - Selection made based on
 - Facility financial condition
 - Community service needs
 - Quality care improvements
 - Health equity
 - Operating costs approved
 - Capital not eligible for VAP funding



Approval Process Awards Summary



In Millions	2013-14	2014-15	2015-16
Available Funding	\$182	\$154	\$130
Phase I Awards	\$56	\$18	\$1
Phase II - Round 1 (announce late-November)	\$46	\$66	\$42
Remaining Funds Available for Phase II - Round 2	\$81	\$70	\$87

Category of Service	Number of Plans	SFY 13/14 - millions
Care Coordination	14	\$14
Reorganization	16	\$27
Expanding Services	8	\$16
Closing Facility	1	\$13
Reduction in Services	1	\$.2
Grand Total (VAP I & VAP II phase 1)	40	\$70



Timeline



Date	Task	Responsible Party
December 6, 2013	TMRAA to Providers	DOH
January 8, 2014	Completed TMRAA submitted	Provider
January 10 -25 th , 2014	TMRAA Reviewed	DOH
January 10-25 th , 2014	Revisions to TMRAA to assure completeness	DOH/Provider
January 31, 2014	Submit Rate adjustments to CMS for approval	DOH
February 15, 2014	Check in on work plan and benchmarks	Provider/DOH
March 15, 2014	Initial Payments Released	DOH



Strategic Planner



- DOH would require some providers to involve a strategic planner to help develop, implement and monitor plans
- Strategic planner would
 - Report to DOH and provide support to the provider
 - Review and analyze quarterly reports for progress towards goals
- Costs for Strategic Planners funded by DOH



CMS



Key Issues Raised by CMS

- **Hospitals – customary charge cap limitations**
 - Provisions from the SSA enacted in 1970's
 - Limitation on Medicaid payments to no more than expected payment from a charge paying patient
 - The customary charge limitation would reduce 49 hospitals' Medicaid rates by \$60M
- **FQHCs – approved payment methodology**
 - Can only be paid the PPS rate unless alternative payment methodology is made available to all FQHCs
- DOH is continuing to work with CMS staff to resolve these issues



Process for Rate Adjustments



- Temporary Medicaid Rate Adjustment Agreement (TMRAA)
- Full application evaluated/processed
- Strategic Planner (if required) assigned
- CMS approval required for all adjustments
- DOB approval
- Payment processed
 - Year One
 - Quarterly Payments



Reporting Requirements (Overview)



- Submission of the TMRAA & supporting Attachments A through E
- Submission of Quarterly Reports no later than 15 days after the close of the given quarter
- Include reporting on specific benchmarks and demonstration that they have been achieved
- Transparency of all rate adjustments and reporting
 - Posted to MRT Web site



Reporting Requirements (Quarterly Reporting)



- Quarterly Reports – Calendar year basis
- Filed electronically
- No later than 15 days after the close of the given quarter
- Sent to the Bureau of Vital Access Provider Reimbursement
- Attention of John W. Gahan, Jr., Director
- Email address: bvapr@health.state.ny.us
- Certification of report (as PDF document) must be included
 - Signed by the facility's Authorized Signatory



Reporting Requirements (VAP Documents)



- Vital Access Provider/Safety Net Program Temporary Medicaid Rate Adjustment Agreement document (TMRAA)
- Attachment A
 - Cover Sheet Summary – DOH completes
 - Certification – Provider Completes
- Attachment B – Expenditure Plan
- Attachment C – Project Timeline
- Attachment D – Quarterly Narrative Report
- Attachment E – Metrics Report



TMRAA Documents



- TMRAA Legal Document
 - Agreement between the facility and the Department of Health outlining expectations and responsibilities
- Ongoing payments to facilities will be dependent on achieving the agreed upon metrics
- The Department can terminate agreement
 - Failure to comply with TMRAA
 - Failure to meet objectives
 - Failure to follow timeline
 - Misuse of funds
 - Failure to submit TMRAA reports quarterly
- Payment of awards dependent on CMS approval and appropriation authorization



Attachment A Cover Sheet



Instructions: Please verify that your contact information is correct; if it is not, please correct this. The rest of the form is

NYS Department of Health
Vital Access Provider (VAP) / Safety Net Award Summary

Date Submitted:

Legal Entity Name:

Mailing Address:

Authorizing Officer

Contact Name:

Contact Title:

Phone:

Email:

VAP/Safety Net Project Name:

Total Award Amount: \$

2013-'14 \$

Approved Amount per SFY*: 2014-'15 \$

2015-'16 \$

* State Fiscal Year (SFY)

Amount Budgeted per CY**: 2014 \$

2015 \$

2016 \$

** Calendar Year (CY)

Payment Contingencies:

Provider must submit timely quarterly progress reports to the NYS Department of Health documenting the status of the use of VAP/Safety Net Award funding. See Attachment C, D, and E for details.

Project and Metrics Summaries

Project Description		Operating	
Financial		Quality	

DOH Completes :

- Contact Information
- Award amounts
- Metrics to be agreed upon
(Blank with original document)



Attachment A Certification



Provider
 Completes
 -Type in Signatory
 Name & Title
 -Print
 -Sign & Date
 -Scan to pdf &
 email

**PROJECT EXPENDITURE PLAN (WORK PLAN BUDGET)
 PROJECT TIMELINE (WORK PLAN TIMELINE)
 VAP/SAFETY NET QUARTERLY NARRATIVE REPORT
 METRICS QUARTERLY REPORT**

Facility: _____

OpCert #: _____

CERTIFICATION STATEMENT

I hereby certify that I have read and examined the costs, full-time equivalents (FTEs) and other statistical data contained in the Year through Year 3 Expenditure Plans (as applicable) and the Note Pad Schedule included as Attachment B (tabs "B - Year 1", "B - Year 2", "B - Year 3", and "B - Note Pad") provided in support of the facility's VAP/Safety Net Project, and that to the best of my knowledge and belief, the information fairly and accurately represents the budgeted costs, FTEs and statistics necessary to implement the facility's VAP/Safety Net Project.

I hereby certify that I have read and examined the costs and planned / actual completion date data contained in the Project Timeline included as Attachment C (tab "C - Timeline") provided in support of the facility's VAP/Safety Net Project, and that to the best of my knowledge and belief, the information fairly and accurately represents the costs and completion date statistics related to implementation of the facility's VAP/Safety Net Project.

I hereby certify that I have read and examined the metric data contained in Attachment E (tabs "E - Instructions", "E - Financial", "E - Operating", and "E - Quality") provided in support of the facility's VAP/Safety Net Project, and that to the best of my knowledge and belief, the information fairly and accurately represents the Financial, Operational, and Quality Metrics related to the implementation of the facility's VAP/Safety Net Project.

I hereby affirm that the reports do NOT include costs or expenditures which are included in any HEAL Award Grants.

I hereby authorize the submission of Attachment B (tabs "B - Year 1", "B - Year 2", "B - Year 3", and "B - Note Pad"), Attachment C (tab "C - Timeline"), Attachment D (tab "D - Narrative"), and Attachment E (tabs "E - Instructions", "E - Financial", "E - Operating", and "E - Quality") to the New York State Department of Health, Office of Health Insurance Programs, as documentation of the Project's budgeted expenditures, staffing needs, planned / actual completion dates, narrative report, and metrics goals and accomplishments.

Signature Date _____ Authorized Signature _____

Print Signatory Name: _____

Print Signatory Title: _____



Attachment B Expenditure Plan



Page 1 Instructions

Vital Access Provider (VAP) / Safety Net Funding Medicaid Rate Adjustment Year 1 Expenditure Plan (VAP ONLY)

Instructions for Expenditure Plan :

1) This schedule details budgeted and actual **operating** expenses directly related to funding requested for your VAP. For operating costs, please see the Definitions tab.

2) Enter **Date Submitted** below as month/day/year. The cell is formatted to display month as text. Date will auto fill and be updated with each Quarterly Report filing.

3) The **Begin Date of the First Quarter** for Year 1 is 1/1/2014. This expenditure plan (Year 1) accounts for the 13-14 SFY award. **should be equal to the 13-14 SFY award.**

4) Please indicate the Budgeted Expenditures and Actual Expenditures (if project has begun), rounded to whole numbers.

Full time equivalents (FTEs) - total annual paid hours (including budgeted vacation, sick leave, etc.) divided by 52, expressed to one decimal point (e.g., 1.5)

Salaries & Wages - amounts paid to employees as compensation for their service.

Employee Benefits - payroll related costs such as FICA, SUI, group health insurance, pensions, etc. to be paid to or on behalf of employees.

Other Than Personal Service (OTPS) Costs - Project costs not related to salaries and wages (e.g., office supplies, fees).

Note: Totals and sub-totals will auto-calculate; please only enter data in the white cells

4) **Enter amounts (if applicable) as a positive number:** Provider In-Kind Contributions (Line 65) and Incremental Revenue To Offset (Line 66).

5) Please see 'Definitions' tab for detailed definitions/descriptions of all lines.

6) **Do not add lines to this schedule.** If needed for clarity, please use the 'Note Pad' tab to provide additional details to specific costs reported below.

This schedule details expenses directly related to funding request :

- Operational
- Administrative
- Overhead



Attachment B Expenditure Plan



Page 2



Operating Expenses-Direct



Date Submitted:

Begin Date of First Full Quarter:

Operating Expenses-Direct												
Line No	Description	YEAR 1 BUDGETED EXPENDITURES					YEAR 1 ACTUAL EXPENDITURES					Comments
		FTE's	Salaries & Wages	Employee Benefits	OTPS Costs	Total Funding Requested	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense	Total YEAR 1 Actual Expense	
A. Inpatient Services:												
1	Physicians					\$0					\$0	
2	Nursing:											
3	Administrator										\$0	
4	Nurse Practitioner										\$0	
5	RN										\$0	
6	LPN										\$0	
7	Administration/Clerical										\$0	
8	Technicians										\$0	
9	Aides										\$0	
10	Other (specify in Note Pad section):										\$0	
11	Total Inpatient	0.0	\$0							\$0	\$0	
B. Outpatient Services:												
12	Physicians										\$0	
13	Nursing:											
14	Administrator										\$0	
15	Nurse Practitioner										\$0	
16	RN										\$0	
17	LPN										\$0	
18	Administration/Clerical										\$0	
19	Technicians										\$0	
20	Aides										\$0	
21	Other (specify in Note Pad section):										\$0	
22	Total Outpatient	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

- Fill in detail of expenses on separate tabs for each year of program.
- Total is automatically calculated on B – Budget Total Tab



Attachment B Expenditure Plan



Page 3

Operating Expenses-Direct Continued

Operating Expenses-Direct												
Line No	Description	FTE's	YEAR 1 BUDGETED EXPENDITURES				YEAR 1 ACTUAL EXPENDITURES					Comments
			Salaries & Wages	Employee Benefits	OTPS Costs	Total Funding Requested	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense	Total YEAR 1 Actual Expense	
C.	Ancillary Services:											
23	Laboratory Services					\$0						\$0
24	Electrocardiology					\$0						\$0
25	Electroencephology					\$0						\$0
26	Radiology					\$0						\$0
27	Inhalation Therapy					\$0						\$0
28	Podiatry					\$0						\$0
29	Dental					\$0						\$0
30	Psychiatric					\$0						\$0
31	Therapy-Physical					\$0						\$0
32	Therapy-Occupational					\$0						\$0
33	Therapy-Speech Language Pathology					\$0						\$0
34	Pharmaceutical Services					\$0						\$0
35	Central Service Supply					\$0						\$0
36	Medical Staff Services					\$0						\$0
37	Other (specify in Note Pad section):					\$0						\$0
38	Total Ancillary	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
39	Total Direct (Lines 11 + 22 + 38)	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



Attachment B Expenditure Plan



Page 4

Operating Expenses-Indirect

Operating Expenses-Indirect													
Line No	Description	FTE's	YEAR 1 BUDGETED EXPENDITURES				YEAR 1 ACTUAL EXPENDITURES				Total YEAR 1 Actual Expense	Comments	
			Salaries & Wages	Employee Benefits	OTPS Costs	Total Funding Requested	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense			
D.	Administrative and General Services:												
40	Fiscal Services					\$0						\$0	
41	Administrative Services					\$0						\$0	
42	Plant Operation and Maintenance					\$0						\$0	
43	Utilities												
44	Property Taxes												
45	Property Insurance												
46	Grounds					\$0						\$0	
47	Security					\$0						\$0	
48	Laundry and Linen					\$0						\$0	
49	Housekeeping					\$0						\$0	
50	Patient Food Service					\$0						\$0	
51	Cafeteria					\$0						\$0	
52	Nursing Administration					\$0						\$0	
53	Activities Program					\$0						\$0	
54	Nonphysician Education					\$0						\$0	
55	Medical Education					\$0						\$0	
56	Medical Director's Office					\$0						\$0	
57	Housing					\$0						\$0	
58	Medical Records					\$0						\$0	
59	Utilization Review					\$0						\$0	
60	Social Service					\$0						\$0	
61	Transportation					\$0						\$0	
62	Other (specify in Note Pad section):					\$0						\$0	
63	Total Indirect (Sum of Lines 40 - 62)	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
64	Grand Total (Lines 39 + 63)	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
65	Provider In-kind Contributions						Provider In-kind Contributions						
66	Incremental Revenue To Offset (projected)						Incremental Revenue To Offset (projected)						
67	Total VAP/Safety Net Funding Requested					\$0	Total VAP/Safety Net Funding				\$0		



Attachment B Expenditure Plan



Notepad

Use the space below as need to provide additional information and/or details to specific cost items included in your budget. Specify by applicable budget year for the given cost item being detailed. Add lines as needed.

Note Pad Section

Date Submitted:

Additional Details for Year 1 Expenditures:

Additional Details for Year 2 Expenditures:

Additional Details for Year 3 Expenditures:

Additional
Information can
be provided on
the Notepad Tab



Attachment C Project Timeline



Make Forms

**Vital Access Provider (VAP) Funding
Medicaid Rate Adjustment
Project Timeline Year 1**

Set Print Area

See Instructions

See Instructions

Action/Activity Item												Submission Date
1	of											
Overall Goal / Objective												Begin Date of First Full Quarter
Outcome												

Steps for Action/Activity	Planned Completion Date	Qtr 1 Projected Expense	Qtr 2 Projected Expense	Qtr 3 Projected Expense	Qtr 4 Projected Expense	Total Year 1 Projected Expense	Actual Completion Date	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense	Total Year 1 Actual Expense
Step 1						\$0						\$0
Step 2												\$0
Step 3												\$0
Step 4												\$0
Step 5												\$0
Step 6												\$0
Step 7												\$0
Step 8												\$0
Step 9						\$0						\$0
Step 10						\$0						\$0
Total for Activity #1		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0
Year 1 Grand Total of Projected and Actual Expenses		Total Year 1 Qtr 1 VAP Projected Expense	Total Year 1 Qtr 2 VAP Projected Expense	Total Year 1 Qtr 3 VAP Projected Expense	Total Year 1 Qtr 4 VAP Projected Expense	Total Year 1 VAP Projected Expense		Total Year 1 Qtr 1 VAP Actual Expense	Total Year 1 Qtr 2 VAP Actual Expense	Total Year 1 Qtr 3 VAP Actual Expense	Total Year 1 Qtr 4 VAP Actual Expense	Total Year 1 VAP Actual Expense

- Used to track progress towards goals
- Report steps to achieve objectives



Attachment C Project Timeline



Make Forms

**Vital Access Provider (VAP) Funding
Medicaid Rate Adjustment
Project Timeline Year 1**

Set Print Area

See Instructions

See Instructions

Action/Activity Item						Submission Date					
1	of										
Overall Goal / Objective						Begin Date of First Full Quarter					
Outcome											
Steps for Action/Activity	Planned Complete Date	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense	Total Year 1 Actual Expense					
Step 1						\$0					
Step 2						\$0					
Step 3						\$0					
Step 4						\$0					
Step 5						\$0					
Step 6						\$0					
Step 7						\$0					
Step 8						\$0					
Step 9						\$0					
Step 10						\$0					
Total for Activity #1		\$0	\$0	\$0	\$0	\$0					
Year 1 Grand Total of Projected and Actual Expenses		Total Year 1 1 VAP Projected Expense	2 VAP Projected Expense	3 VAP Projected Expense	4 VAP Projected Expense	Total Year 1 VAP Projected Expense	Total Year 1 1 VAP Actual Expense	2 VAP Actual Expense	3 VAP Actual Expense	4 VAP Actual Expense	Total Year 1 VAP Actual Expense

Example -
Increase Access to primary medical care by increasing clinic hours
Actions to be taken
1-hire additional staff
2-advertise Increased hours

2nd – Click the Make Forms button
A form will be created for each activity

Attachment C Project Timeline

Make Forms

Vital Access Provider (VAP) Funding Medicaid Rate Adjustment

Set Print Area

See Instructions

1st -fill in the number of action / activity items

See Instructions

Action/Activity Item

Submission Date

1

of

Example- 2 (additional staff & advertise
Increased Hours

Overall Goal / Objective

Begin Date of First Full Quarter

Outcome

Steps for Action/Activity	Planned Completion Date	Qtr 1 Projected Expense	Qtr 2 Projected Expense	Qtr 3 Projected Expense	Qtr 4 Projected Expense	Total Year 1 Projected Expense	Actual Completion Date	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense	Total Year 1 Actual Expense
Step 1						\$0						\$0
Step 2						\$0						\$0
Step 3						\$0						\$0
Step 4						\$0						\$0
Step 5						\$0						\$0
Step 6						\$0						\$0
Step 7						\$0						\$0
Step 8						\$0						\$0
Step 9						\$0						\$0
Step 10						\$0						\$0
Total for Activity #1		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0
Year 1 Grand Total of Projected and Actual Expenses		Total Year 1 Qtr 1 VAP Projected Expense	Total Year 1 Qtr 2 VAP Projected Expense	Total Year 1 Qtr 3 VAP Projected Expense	Total Year 1 Qtr 4 VAP Projected Expense	Total Year 1 VAP Projected Expense		Total Year 1 Qtr 1 VAP Actual Expense	Total Year 1 Qtr 2 VAP Actual Expense	Total Year 1 Qtr 3 VAP Actual Expense	Total Year 1 Qtr 4 VAP Actual Expense	Total Year 1 VAP Actual Expense



Attachment C Project Timeline



Make Forms

**Vital Access Provider (VAP) Funding
Medicaid Rate Adjustment
Project Timeline Year 1**

Set Print Area

See Instructions

See Instructions

Action/Activity Item		Hire Additional Staff										Submission Date
1	of											
Overall Goal / Objective	Hire appropriate number of staff for increased hours										Begin Date of First Full Quarter	
Outcome	Hire – 1 MD, 1 PA, 1 LPN, and 2 office clerks											

Steps for Action/Activity	Planned Completion Date	Qtr 1 Projected Expense	Qtr 2 Projected Expense	Qtr 3 Projected Expense	Qtr 4 Projected Expense	Total Year 1 Projected Expense	Actual Completion Date	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense	Total Year 1 Actual Expense
Step 1	Solicit openings	Projected Expenses				\$0		Actual Expenses				\$0
Step 2	Conduct Interviews					\$0						\$0
Step 3						\$0						\$0
Step 4	Team meetings to choose candidates					\$0						\$0
Step 5						\$0						\$0
Step 6						\$0						\$0
Step 7	Inform candidates of decision					\$0						\$0
Step 8						\$0						\$0
Step 9						\$0						\$0
Step 10						\$0						\$0
Total for Activity #1		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0
Year 1 Grand Total of Projected and Actual Expenses		Total Year 1 Qtr 1 VAP Projected Expense	Total Year 1 Qtr 2 VAP Projected Expense	Total Year 1 Qtr 3 VAP Projected Expense	Total Year 1 Qtr 4 VAP Projected Expense	Total Year 1 VAP Projected Expense		Total Year 1 Qtr 1 VAP Actual Expense	Total Year 1 Qtr 2 VAP Actual Expense	Total Year 1 Qtr 3 VAP Actual Expense	Total Year 1 Qtr 4 VAP Actual Expense	Total Year 1 VAP Actual Expense



Attachment C Project Timeline



Make Forms

**Vital Access Provider (VAP) Funding
Medicaid Rate Adjustment
Project Timeline Year 1**

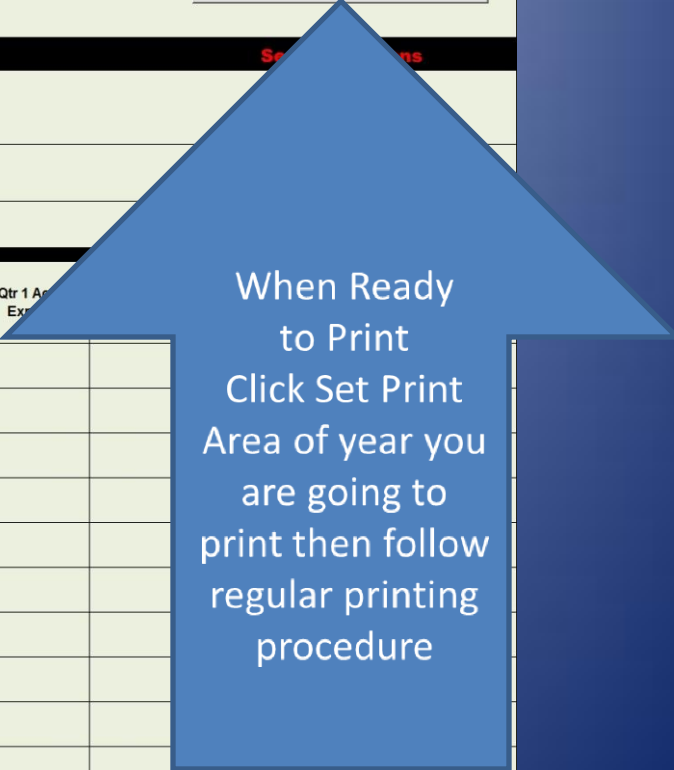
Set Print Area

See Instructions

See Instructions

Action/Activity Item		
1	of	
Overall Goal / Objective		
Outcome		

Steps for Action/Activity	Planned Completion Date	Qtr 1 Projected Expense	Qtr 2 Projected Expense	Qtr 3 Projected Expense	Qtr 4 Projected Expense	Total Year 1 Projected Expense	Actual Completion Date	Qtr 1 Actual Expense	Qtr 2 Actual Expense	Qtr 3 Actual Expense	Qtr 4 Actual Expense	Total Year 1 Actual Expense
Step 1						\$0						
Step 2						\$0						
Step 3						\$0						
Step 4						\$0						
Step 5						\$0						
Step 6						\$0						
Step 7						\$0						
Step 8						\$0						
Step 9						\$0						
Step 10						\$0						
Total for Activity #1		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0
Year 1 Grand Total of Projected and Actual Expenses		Total Year 1 Qtr 1 VAP Projected Expense	Total Year 1 Qtr 2 VAP Projected Expense	Total Year 1 Qtr 3 VAP Projected Expense	Total Year 1 Qtr 4 VAP Projected Expense	Total Year 1 VAP Projected Expense		Total Year 1 Qtr 1 VAP Actual Expense	Total Year 1 Qtr 2 VAP Actual Expense	Total Year 1 Qtr 3 VAP Actual Expense	Total Year 1 Qtr 4 VAP Actual Expense	Total Year 1 VAP Actual Expense





Attachment D

Quarterly Narrative Report

Instructions



OUTLINE FOR VAP/SAFETY NET QUARTERLY PROGRESS REPORT
~ RESTRUCTURING PROGRAM WORK PLAN ~

This Attachment is to provide to the Department a narrative of the facility's Work Plan in a table provided on page 3.

1. SUMMARY STATEMENT

This section should include a narrative describing the progress made on the Project being funded by the Agreement. This overview should be concise and to the point. Further details can be included in the section which addresses specific deliverables.

2. PROGRAM GOALS

This section should include details on the current status toward reaching the goals and objectives expected to be accomplished under the terms of the Agreement. Project goals should be quantified as much as possible. The Report on the Restructuring Program Work Plan (Work Plan) must include:

- a. specific actions taken during the quarter for achieving long term financial stability, including the current status of Department approved benchmarks used to measure performance in achieving the goals;
- b. address how the project is ensuring that the healthcare needs of the community are being met, including any actionable plan developed in collaboration with community and/or regional stakeholders;
- c. a detailed analysis of performance measurements, as agreed to by the Facility and approved by the Department per the Work Plan, targeting improvement in the quality of care provided;
- d. address disparities in health services and how the project will help to provide better care to vulnerable populations who are at greater risk for experiencing poorer health outcomes than the general population.

3. SPECIFIC DELIVERABLES

The Reports must include an update to the Work Plan's Project Timeline (excel file) detailing the status of specific activities, services or work projects necessary to complete the Project, including the specifics of expenditures to date and any closure plan progress (if applicable). Documentation of deliverables should be broken down into the discrete activities that were performed during the quarter and any impact on the anticipated timeline(s) for implementation or completion of Project deliverables.

4. SUBMISSION OF REPORTS

The Reports (inclusive of a Word document or PDF for the narrative portion and an updated excel file for the Project Timeline component) must be filed electronically with the Department no later than 15 days after the close of the given quarter, as detailed in the terms of Agreement under item number 2. Reports for VAP/Safety Net Projects should be sent to the Bureau of Vital Access Provider Reimbursement, attention of John W. Gahan, Jr., Director, via email address: bvapr@health.state.ny.us.

Reports must include a signature page (as PDF document) documenting certification of the Report by the facility's Authorized Signatory to this Agreement, or his/her Contact designee identified as the Authorizing Officer on Attachment A of this Agreement.

- Narrative of facility's Work Plan
- Description of progress made on Project
- Form prior to start of Project can be blank



Attachment D

Quarterly Narrative Report



Facility:	
<u>VAP/Safety Net Quarterly Narrative Report - Attachment D</u>	
Submission Date:	
Summary Statement:	
Program Goals:	

Narrative describing the progress made on the Project being funded by the Agreement

Details on the current status toward reaching the goals and objectives expected to be accomplished under the terms of the Agreement



Attachment E Metrics Report



Form to track progress towards objectives and goals using measurable metrics:

Category of Metrics	Examples
Financial	<ul style="list-style-type: none">•Improve operating margin•Decrease ED costs•Reduce operating costs
Operational	<ul style="list-style-type: none">•Increase primary care visits•Reduce inpatient admissions•Improve patient throughput in ED and ambulatory care•Close beds
Quality	<ul style="list-style-type: none">•Reduce percentage of Medicaid PPR's and PPA's•Reduce readmissions•Increase patient satisfaction



Attachment E Metrics Report Instructions



- Important to follow directions
- Parts of form will be locked once initial steps are taken
- Data will be lost if not done correctly

Financial Metrics

#2
Create Forms
Read "E - Instruction"

#	Metric	Description of Metric	Baseline	Year 1							
				Quarter 1		Quarter 2		Quarter 3		Quarter 4	
				Projected	Result	Projected	Result	Projected	Result	Projected	Result
1	#4	#5	#6	#7	#8						
2											
3											
4											
5											

Instructions

- Note:** There are 3 separate "Metric" tabs that must be filled out, each with a different category of metrics (Financial, Operating, and Quality) These instructions are the same for each tab. See "E - Financial", "E - Operating", and "E - Quality" tabs
- Note:** Use the objectives found in the Timeline to determine how many Objectives you have for each category of metrics. See "C - Instructions" - #4
- Enter the number of objectives in cell C5 (highlighted Yellow). Click outside of the cell.
 - Click the "Create Forms" button.
 - Objectives:** Use the objectives found in the tab "C - Timeline" to fill in each objective
 - Metrics:** List all of the metrics used to measure the success of each objective.
 - Description of Metric:** Provide a short explanation/description of the measurement
 - Baselines:** Provide a baseline measurement (what the metric measures before the program starts) If the metric is measuring part of a new initiative (with no baseline), enter "N/A"
 - Projected Values:** For every year (1-3), fill in the each of the quarterly projections for all of the metrics
 - Actual Results:** Fill in the actual results for past quarters
- *Fill in ONLY numerical Baselines, Projected numbers and Results.



Attachment E Metrics Report



Financial Metrics

Create Forms

2nd Click Create Forms – a form will be created for each objective

Fill in rest of Attachment following directions

Objective

of 1st Fill in total number of objectives

#	Metric	Description of Metric	Baseline	Year 1							
				Quarter 1		Quarter 2		Quarter 3		Quarter 4	
				Projected	Result	Projected	Result	Projected	Result	Projected	Result
1											
2											
3											
4											
5											

Separate Excel Tab for Financial, Operating, & Quality Metrics



Questions and Answers