



Partners for a Healthy NYC

The New York City Health and Hospitals Corporation – led PPS

Partner Assessment

May 15, 2015

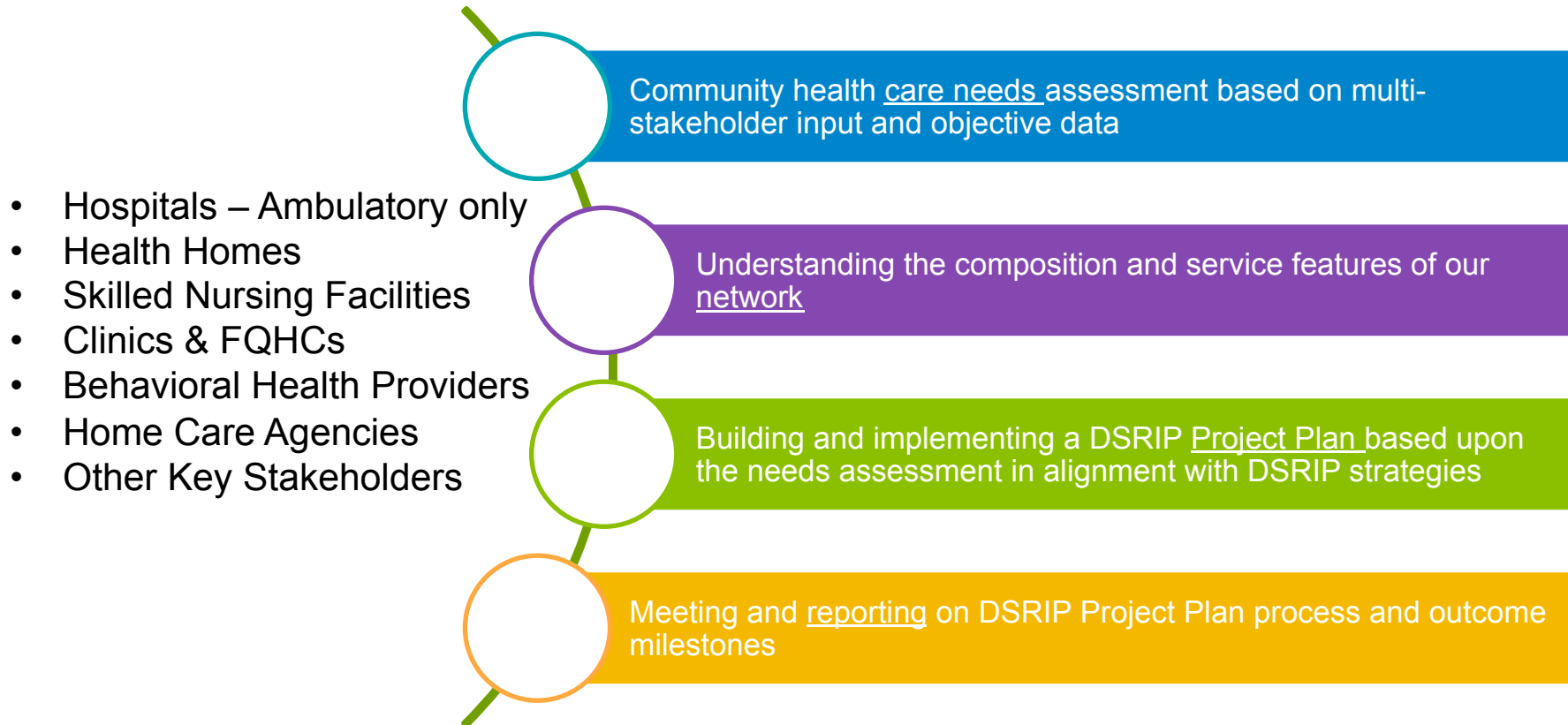
The Background and Structure of the Partner-Assessment

The Process

Timeline and Next Steps

PRAT demonstration

The Background and Structure of the
Partner Assessment



OneCity Health partners must understand the composition and service features of the network to enable project implementation and demonstrated successful collaboration through performance reporting.

The Partner Assessment Structure

There are two sections of the Partner Assessment; Network Validation and PRAT survey.

The Validation section is comprised of 8 components;

The screenshot shows the 'OneCityHealth Network Validation' web application. At the top, there is a navigation bar with six numbered steps: 1 Introduction, 2 Entities, 3 Billing IDs, 4 Clinical Services, 5 Social Services, and 6 Contacts. The 'Introduction' step is currently selected and highlighted in blue. To the right of the navigation bar are 'Prev' and 'Next' buttons. Below the navigation bar, the main content area contains a welcome message and a list of 10 steps for the assessment process. The first step, 'Introduction', is detailed below.

Welcome to the OneCity Health Partner Assessment website.

This website is designed to facilitate the collection of detailed data about your organization, and the information that you attest to through this process will be used for a wide range of functions as the OneCity Health PPS plans and implements DSRIP programs. Because this data is so important, a thorough and accurate response is required as part of the contracting process between your organization and the OneCity Health PPS.

[CLICK HERE FIRST](#), to download a complete set of detailed instructions in PDF form.

Broadly, the Network Validation and PRAT process has been broken into the following 8 steps which you will encounter on the following screens:

- 1. Introduction** – Brief instructions and link to full instructions for completing the Partner Assessment.
- 2. Entities** – Review and confirm the list of your Organizations (operational entity or entities) and Sites (location or geographically distributed program where services are provided)
- 3. Billing IDs** – Review and confirm the NPI and MMIS identifiers associated with these Organizations and Sites, as applicable
- 4. Clinical Services** – Indicate the Clinical Services (if any) offered at each of your Sites
- 5. Social Services** – Indicate the Social Services (if any) offered at each of your Sites
- 6. Contacts** – Review and confirm the contacts associated with each of your Organizations and Sites
- 7. Practitioners** – Review and confirm the Practitioners (service providers) associated with each of your Sites
- 8. Attestations** – Confirmation that system/organization completing the Partner Validation has the authority to enter into contracts on behalf of each of the organizations and sites and practitioners listed above.
- 9. PRAT** – Once you have confirmed the list of your organizations and sites, you will be prompted to complete one or more substantive survey (PRAT sections) on specific topics for each site, based on the previously indicated Clinical and Social services offered by that site.
- 10. Confirmation** – Displays once the Network Attestation has been completed to signify that you are done.

To exit at any time, please click the Logout button in the upper right corner of the screen.

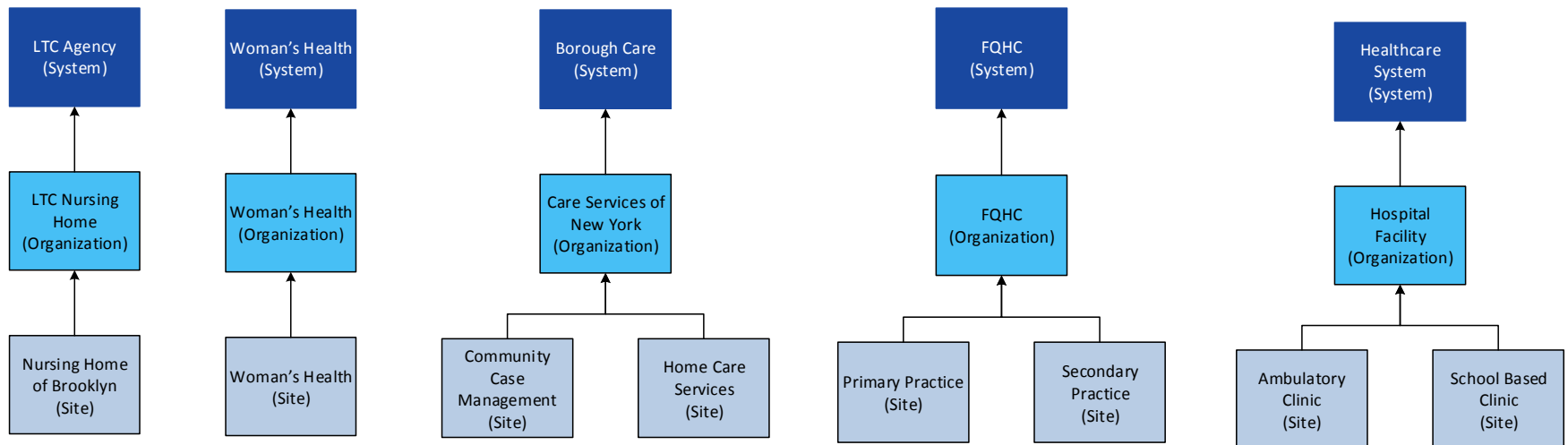
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Network Hierarchy Explained

Provider Networks are defined in three layers: Systems, Organizations, and Sites.

- **Systems** are a group of one or more organizations, and the legal entity that can do contracting
- **Organizations** are service providers or a CBO with operational authority over a site(s) or program(s)
- **Sites** are defined as physical locations where clinical and social services are provided to patients.

Below are a simple System illustrated on the left, and a more complex System illustrated on the right.



Data sources used to create the current database include; master list attestation, NPI registry, Medical claims using SIM, OCH (for CBO)

The PRAT Survey Structure

The PRAT survey has 11 sections;

4 sections are required for all organizations (highlighted in red)

#	Abbreviation	Full Name
1.	L & P	Language / PPSs
2.	MCO	Managed Care Contracting
3.	CAP	Capacity
4.	PCMH	Patient Centered Medical Home
5.	PCA	Primary Care Access
6.	CBO	Community-Based Organizations
7.	WF	Workforce
8.	CM	Care Management
9.	IT	IT Readiness Assessment
10.	PSRA	Project Specific Readiness Assessment
11.	Attest	Attestation

The remaining 7 sections dependent upon what type of services your organization provides

For example; Primary Care clinics will have questions pertaining to Primary Care Access and PCMH status and Long Term Care facilities will not.

Your role in the Partner Assessment

- The primary contact at each level will ensure that the information is loaded into the system
- The primary contact will attest upon completion of each section; Network Validation and PRAT Survey.
- Work with members in your organization to collect information for your organization for:
 - Site location
 - Services offered at that site
 - Neighborhoods served
 - Practitioners working at that site
- Distribute support materials to individuals in your organization as needed to facilitate information gathering.
- If you have additional information about your organization/site, please email to DSRIPSUPPORT@nychhc.org with the organization/site name in the subject line

1. General Instructions –

- Overview of all PRAT features and functions with screen shots and step by step instructions –

2. Data Dictionary –

- Explanation of terms presented throughout the survey. Download and print feature available

3. Survey Questions –

- To facilitate information gathering, each section is available in PDF format

4. Checklist

- To ensure all steps have been completed

5. Section by section screen instructions –

- Specific instructions for the page or sections you are working in

Partner Assessment Checklist

Please use the following checklist to confirm that you have completed each of the required steps for the network validation and PRAT sections for your System, Organizations, and Sites.

Network Validation:

Organizations

- You have confirmed or added **all** of the **Organizations** currently present in your network.
- You have confirmed or added the **requested information** (address and phone) for each Organization.
- You have confirmed or added **Billing IDs** to **each** Organization as necessary.
- You have confirmed or added at least **one contact** to **each** Organization.

Sites

- You have confirmed or added **all** of the **Sites** currently present in your network to their respective organizations.
- You have confirmed or added the **requested information** (address and phone) for each Site.
- You have confirmed or added **Billing IDs** to **each** Site as necessary.
- You have confirmed or updated the **Clinical Services** for **each** Site.
- You have confirmed or updated the **Social Services** for **each** Site.
- You have confirmed or added at least **one contact** to **each** Site.
- You have confirmed, moved or added the appropriate **Practitioners** to each Site.

Attestations

- You have **completed** a network **attestation** for your network
Note: Your network may have multiple attestations if you delegated authority for any portion of your organizations or sites.

The Process

Network Validation - Entities

Entities:

OneCityHealth Network Validation

1 Introduction 2 Entities 3 Billing IDs 4 Clinical Services 5 Social Services 6 Contacts

Please review the organizations and sites shown below and add / delete to make the list complete and accurate. Drag and drop to nest sites within organizations, and check that each entity is on the appropriate level (organizations are slightly indented, sites are indented further). All sites must be assigned to an organization. Each entity must have a valid street address and central phone number.

Search

	Name	Street	City	State	Zip Code	Phone	MMIS(s)	NPI(s)
←	Health System - TEST	747 10th Avenu	New York	NY	10038	212-999-9999	undefined	undefined
🏥	Hospital Facility 13 - TEST	Test	New York	undefined	undefined	undefined	undefined	undefined
🏥	Manhattan Clinic - TEST	1 Broadway	New York	NY	undefined	undefined	undefined	undefined
🏥	Primary Site - TEST	250 E. 14 Street	New York	NY	10020	731-222-2222	undefined	undefined
🏥	Mike's Test Org - TEST	undefined	undefined	undefined	undefined	undefined	undefined	undefined
🏥	New Site for Mike's New Org - TEST	4 WTC	New York	NY	10013	(212) 222-4444	undefined	undefined
🏥	New Organization for Health System - TEST	undefined	undefined	undefined	undefined	undefined	undefined	undefined
🏥	test org	123 street	undefined	undefined	undefined	undefined	undefined	undefined
🏥	test site	undefined	undefined	undefined	undefined	undefined	undefined	undefined

Showing 1 to 9 of 9 rows

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Each organization and site should include address, phone number, NPI, and MMIS information and indicate contacts for each level of the entity structure

4 Clinical Services

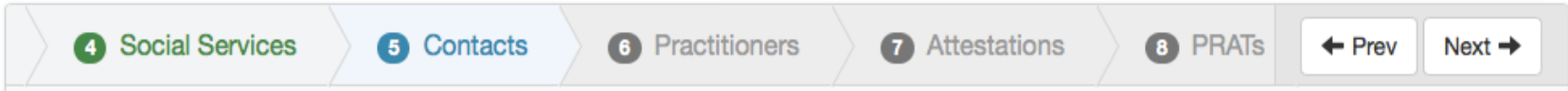
- Primary Care (e.g. family medicine, general internal medicine)
- Medical Specialty Care
- Surgical Specialty Care
- Urgent Care
- Specialty Asthma Care
- Family Planning
- Dental Services
- Rehabilitation
- Outpatient Behavioral Health
- Outpatient Rehabilitation
- Detox Services
- Long-Term Care
- Home Health
- Hospice
- Palliative Care
- Lab Services
- Imaging Services
- Pharmacy Services
- Care Management Services
- 24- hour Provider Help Line (on-call services)
- Mobile Health Services (including medical & behavioral)

5 Social Services

- Care Coordination (e.g. linkage to clinical or other services)
- Screening Services (e.g. HIV testing, STD testing)
- Prevention Services (e.g. education, harm reduction)
- Outreach (e.g. case finding, community-based education)
- Food and/or Nutrition Services (e.g. Food Pantry, Meals on Wheels)
- Housing (e.g. provide beds or referrals to housing)
- Literacy / Education
- Alcohol / Substance Abuse / Smoking Cessation
- Post Incarceration (e.g. reentry, workforce training)
- Senior Services
- Adult Day Care
- Development Disabilities Services
- Domestic Violence
- Disaster Relief
- Immigration Services
- Financial Literacy and Services
- Legal Services
- Benefits Enrollment (e.g. SSI, food stamps)
- Enrollment Services (insurance navigation)
- Capacity Building (e.g. technical assistance to other organizations)
- Community Outreach / Advocacy / Mobilization

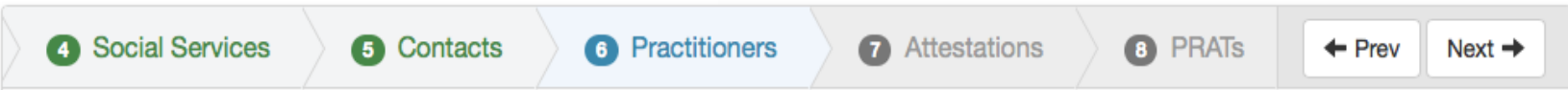
Network Validation – Contacts and Practitioners

Contacts:



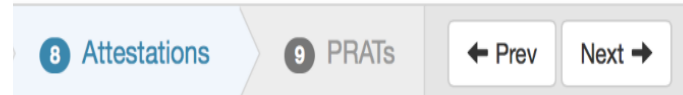
For each organization or site, please review the associated contacts and add / delete as required. For each contact added, indicate contact type from the drop down list. Examples of types are; Administrative, Clinical, Finance, IT

Practitioners:



For each organization or site, please review the associated practitioners and add / delete as required. You can use the search feature to facilitate process.

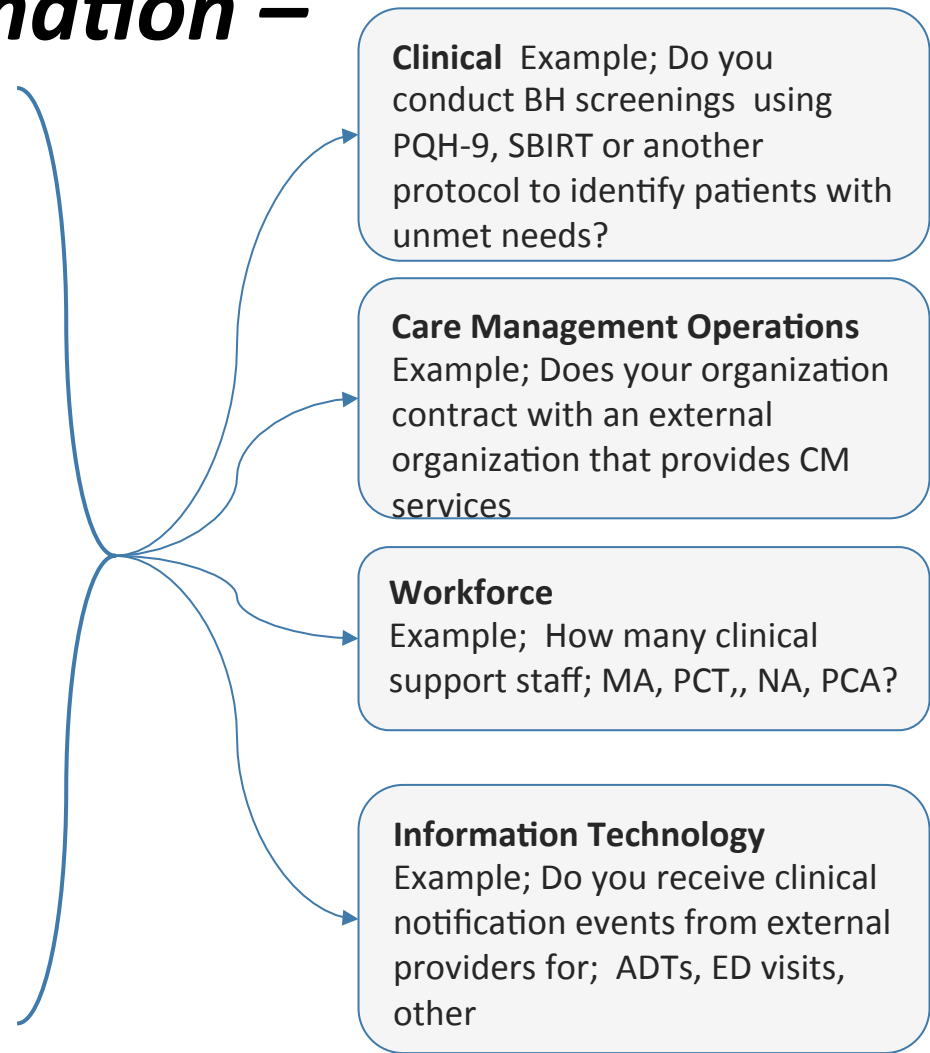
Network Validation - Attestation



Upon the completion of steps 2 – 7 (Entities, Billing IDs, Clinical Services, Social Services, Contacts, Practioners), the primary contact for a site or organization will click next and an attestation page will appear.

What type of information –

- Language
- Workforce
- Care Management
- Patient Population
- Capacity
- Access
- PPS Participation
- Project-Specific Readiness
- Information Technology



Timeline and Next Steps

- Office Hours will be held at 12:30 to 1:30 each day until May 29th. A dial in number will be published.
- You can email any questions to DSRIPSUPPORT and put PRAT Question in the subject line. Be sure to provide your contact information should you need a return call.
- If you are the primary contact, you will receive an email with the link to the online Partner Assessment, your user id and a temporary password. Once you log in you will be prompted to change your password.
- If you need to identify another person for your site to have access to the Partner Assessment to complete the survey, email DSRIPSUPPORT and include their First name, Email Address, Phone, and indicate where (site) they need access.

Contact Information:

DSRIPSUPPORT Email address: DSRIPSUPPORT@nychhc.org Subject line; PRAT

Demonstration – 30 minutes
Questions – remaining time

Thank you