

Frequently Asked Questions for the Navigation Transformation Model Request for Application and the CBO Engagement Appendix C

- 1.) How was the Tier 1, Tier 2 and Tier 3 definition determined?** According to the NYS DOH Value-based Payment Workgroup on Social Determinants and CBOs, Tier 1 is defined as Non-Profit, Non-Medicaid billing, community-based social and human service organizations. Tier 2 is defined as Non-profit, Medicaid billing, non-clinical service providers and Tier 3 as Non-profit, Medicaid billing, clinical and clinical support services providers licensed by NYS Department of Health, NYS Office of Mental Health, NYS Office with Persons with Developmental Disabilities, or NYS Office of Alcoholism and Substance Abuse Services.
- 2.) How was the funding stream determined for the Community Based Navigation project between the Healthcare Systems and the CBOs?** The project team determined the “high-volume” partners such as the Healthcare Systems, the FQHCs and the 2-1-1s in the PPS be paid based on their report versus fee-for service, as they provided thousands of patients for CCN’s speed and scale reports in DSRIP Year 2. The project team then determined the Tier 1, Tier 2 and Tier 3 CBOs would be paid at a fee-for-service rate to help engage more CBOs and help with the shift in financial structure that will happen for the PPS in DSRIP Year 3 Phase III contracting (to be in effect as of January 2018).
- 3.) What is considered a Navigation?** Community-Based Navigation is defined as any assistance you provide to a Medicaid member to address any barriers or social determinates they present with that may hinder their access to health care. The goal of Community Based Navigation is to help Medicaid members access services efficiently and effectively.
- 4.) Do the Uninsured count for this project or for the Navigation Transformation Request for Application?** No, the uninsured do not count, however if an uninsured person presents in your office you can certainly perform the PAM survey! 😊
- 5.) What is the Navigation Transformation Model?** With the new funding structure for the Community-Based Navigation project, the project team evaluated the remaining funds and determined funding will be used to support up to 11 outreach and engagement resources in the PPS. This is only for qualified Tier 1 and Tier 2 CBOs targeted specifically for the Low and Non-Utilizers in our PPS.
- 6.) Can my organization apply if we do not have an executed Partner Agreement and a Business Associate Agreement with CCN?** If your organization does not have a Partner Agreement and a Business Associate Agreement in place with CCN by the August 16th deadline, then your application will not be considered for review. However, you can certainly start the process with the goal of having a Partner Agreement and Business Associate Agreement to be fully executed by the August 16th deadline, which then will qualify your application for review.
- 7.) How will the 11 outreach and engagement resources be distributed?** Based on Medicaid member volume per county, there will be two in Broome and two in Tompkins, with the remaining 9 in Steuben, Schuyler, Delaware, Chenango, Cortland, Chemung and Tioga counties (up to 1 each county).
- 8.) How can I apply for this funding?** If you are a Tier 1 or Tier 2 CBO, you will be notified by Care Compass Network with the Request for Application (RFA) which will outline the criteria that the CBO will need to provide. CCN is currently reviewing the RFA application and will be released in July 2017.

9.) How does this impact the Workforce Roadmap? This is specifically project funds that are being used to help Tier 1 and Tier 2 CBOs in the PPS with the move towards Value Based Payment and an Integrated Delivery System. This is short term funding and is not meant to replace any existing workforce/recruiting efforts, but to expand outreach and engagement services for the target Medicaid population who are not engaged with their health.

10.) This looks duplicative of what the Healthcare Systems are doing with their efforts of PCMH, how is this different? Medicaid Members who are actively using their healthcare and utilizing services within PCMH certified practices are not the targeted population for this model. This is specifically for Medicaid members who are not utilizing their available health services at all or who are low utilizers of their healthcare. The goal of the CBOs receiving this funding is to utilize their outreach and engagement services to re-engage the Non-and Low Utilizers in the PPS, educate the member on services available in the community, re-activate the member back into appropriate social and health services, and eventually have a warm-handoff to a PCMH site for preventive care services.