

# PHASE III CONTRACTING SURVEY (PM029)

## CONFIRMATION OF PARTNER TYPE (PRE-POPULATED FOR EACH PARTNER)

### 1a. Primary Partner type (definitions are included at the end of this document):

- Hospital
- Nursing Home
- Clinic
- Mental Health
- Substance Abuse
- Hospice
- Primary Care Practitioner - Medical
- Specialist Medical Practitioner
- Practitioner - Other
- Health Home
- Case Management
- Pharmacy
- Home Health
- Other Clinical
- Other Non-Clinical
- CBO - Social and Human Services
- CBO - Other

### 1b. I would like to change my Primary partner type (Will require additional feedback with survey questions)

No

Yes

If you selected "yes," please answer the following questions, pending the approval of your newly selected partner type select partner type:

#### Reason for change:

- More than 50% of the organization's revenue and/or expenses correspond to this partner type
- The organization has changed its focus
- Other (write in response, up to 100 characters)

### 1c. Additional partner types

If you believe strongly that your organization should be considered to fall into more than one partner type category, please indicate that below. Note that this may not or may not be reflected in Phase 3 contracting.

- Dropbox of partner types (select one)

2. Does your organization use any of the following tools? If yes, please indicate which of the following tools.

- Healthify
- NowPow
- Aunt Bertha
- GSI
- Healthy Planet
- EpicCare Link
- HHC Advantage
- Other
- None
- Other (write in response, up to 100 characters)

**QUESTIONS FOR COMMUNITY BASED ORGANIZATION (CBO) PARTNERS (SELECTED CBO AS PARTNER TYPE)**

3. Confirmation of services provided:

Which of the following services do you provide, check all that apply.

Housing stability/quality/advocacy

- Shelter or other residential placement for homeless individuals
- Advocacy or other organization that assists individuals eligible for supportive or public housing
- Home remediation / repair
- Legal / advocacy organization that prevents individuals from being evicted or experiencing foreclosure
- Agency / program that provides rent assistance
- Other

Food insecurity remedies/nutrition education

- Benefits enrollment that provides subsidies for food (e.g., SNAP, WIC, Health Bucks) and in-school meals
- Food pantry / food bank / other source of emergency food provision, including delivery
- Non-billable nutrition education or counseling
- Other

Benefit Enrollment/Legal services

- Legal / advocacy individual or organization to provide legal services related to high impact needs such as immigration, housing, cash assistance (including child support), other benefits enrollment (does not double count for above housing referral)
- Benefits enrollment for key programs related to: Food Insecurity (e.g., SNAP, WIC); Income Maintenance (e.g., SSI, SSD, TANF, Tax Credits)
- Other

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Other services that directly impact health

- Write in response

#### 4. Details on capacity

For each selected service selected in question 3, please be prepared to end the following into a table:

- Number of unique clients your organization served from January 1, 2016 – December 31, 2016?
- In which boroughs does your organizations deliver services?
- Do you currently have capacity to serve additional clients/referrals with existing funding?

#### QUESTIONS FOR CASE MANAGEMENT PARTNERS (SELECTED CASE MANAGEMENT AS PARTNER TYPE)

5. Are you a case management agency that is contracted with one or more New York State designated lead Health Homes?

Yes No

7. Are you able to track individual level data among all the different programs your organization offers?

Yes No

8. Check the types of utilization that your organization currently tracks for your patients/clients:

Hospital admissions

Yes No

Hospital re-admissions (within thirty days of discharge)

Yes No

Emergency department visits - treat and release

Yes No

Emergency department visits – resulting in an admission

Yes No

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PARTNER TYPE	DEFINITION
<b>Hospital</b>	Partners providing acute inpatient services including acute inpatient rehabilitation as well as all partners operating or controlling hospital-based primary care, mental health, substance abuse, and other ambulatory or specialty care clinics or practices
<b>Nursing Home</b>	Partners primarily providing Skilled Nursing Facility services (including sub-acute rehabilitation); partners providing any acute inpatient services must be classified as Hospital.
<b>Clinic</b>	Partners providing free-standing clinic (including FQHC and Article 28 D&T) or an OASAS or OMH clinic providing medical services other than hospital-based (which must be classified as Hospital)
<b>Mental Health</b>	Partners primarily providing mental health services including Residential Treatment (note, hospital-based mental health partners must be classified as Hospital)
<b>Substance Abuse</b>	Partners primarily providing substance abuse services including inpatient and outpatient (note, hospital-based substance abuse partners must be classified as Hospital)
<b>Hospice</b>	Partners primarily providing hospice services (care to terminally ill individuals that focuses on easing symptoms rather than treating disease); partners providing any acute inpatient services must be classified as Hospital.
<b>Primary Care Practitioner - Medical</b>	Physicians, nurse practitioners, and practices (but not Clinics or hospital-based practices or their employees) that focus on primary care
<b>Specialist Medical Practitioner</b>	Physicians, nurse practitioners, and practices (but not Clinics or hospital-based practices or their employees) that focus on specialty care
<b>Practitioner - Other</b>	Dentists and all other practitioners and practices (but not Clinics or hospital-based practices or their employees) providing clinical services
<b>Health Home</b>	Partners serving as Lead Health Home providers; partners providing any inpatient or outpatient care directly should select one of the above categories.
<b>Case Management</b>	Partners primarily providing case management services including those specific to early Intervention, OMH, OASAS HIV/AIDS; partners providing any inpatient or outpatient care directly should select one of the above categories.
<b>Pharmacy</b>	Partners primarily providing outpatient pharmacy services such as the preparation and dispensing of drugs as well as the counseling of patients in the proper use of these drugs
<b>Home Health</b>	Partners primarily providing home health services (health service provided in the patient's home to promote, maintain, or restore health or lessen the effects of illness and disability); partners providing inpatient or outpatient care in facilities or their offices or case management services should select one of the above categories
<b>Other Clinical</b>	Partners providing generally billable clinical services not listed above
<b>Other Non-Clinical</b>	Partners providing non-clinical services billable to Medicaid or other healthcare payers (e.g. transportation)
<b>CBO - Social and Human Services</b>	Nonprofit, community-based partners who provide social and human service (e.g. housing, social services, religious organizations, food banks) not billable to Medicaid or other payers
<b>CBO – Other</b>	Nonprofit, community-based partners who only provide services that are neither social or human service in nature nor billable to Medicaid or other payers
<b>Government</b>	Any government agency providing services not billable to Medicaid or other payers

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