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From: Spicer, Chris <Chris.Spicer@ppcwny.org>
Sent: Tuesday, December 01, 2015 1:31 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: VAP exception application public comment. - CMP

Catholic Medical Partners DSRIP VAP Exception

This request represents a sweeping VAP exception under reason #1 that includes a large non Safety Net Hospital and “most of” 900 non-Safety Net providers with 22% Medicaid patients serving an unstated number of Medicaid patients. The exception application does not;


- 1) Make clear the actual volume of Medicaid patients to be included through this exception
- 2) Demonstrate in any way that a population will not receive care
- 3) Identify the types of care, primary care or otherwise, the attributed patients currently receive.
 - a. A hospital-based primary care clinic was mentioned as having 55% Medicaid patients but no total number of patients was offered to bring meaning to that percentage.
- 4) Show that the community lacks capacity to care for any specific number of patients should they stop providing their care.

This characterizes an application CMS non-recommended for approval under both hospitals and clinics as stated here:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2015-02-24_dsrip_safety_net_exceptions_review.htm

Approval of this application will undermine New York State’s care and stewardship of the Safety Net system by diverting resources away from the organizations most invested in serving Medicaid patients.

Sincerely,

Christopher Spicer
Director of Special Projects and Strategic Collaborations
Planned Parenthood of Central and Western New York
2697 Main Street * Buffalo NY, 14214
Phone: (716)200-5921 * Fax (716)831-1065 * 
“Care. No matter what.”

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From: Ed Stehlik [REDACTED]
Sent: Tuesday, December 22, 2015 8:36 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Medicaid Patients in Practice Settings

I am a primary care physician practicing in the Northtowns community in WNY and a member of Community Partners PPS. I am not a safety net provider by NYS definition but my practice is in close proximity to a large public housing community and I readily serve the Medicaid population, and have been a Medicaid provider for over 30 years. I have achieved and recently recertified PCMH status Level 3 and I am working to integrate behavioral health - Horizon Health Services and the health home services into my practice. The DSRIP initiative is the right thing to do in NYS and as a member of American College of Physicians (ACP) and former ACP Governor and NYS President of ACP I fully support this statewide initiative. I have, however, been informed that private practicing physicians who are not safety net providers will be negatively impacted by funds flow policy. This is a troublesome issue from my perspective and for many other WNY physicians who serve the Medicaid population. I cannot understand why my practice would not receive the same proportional support for serving my Medicaid patients as a safety net provider. Already practices have fewer resources available for Medicaid patients since the pay parity with Medicare has been eliminated and payments have fallen at the same time we are trying to provide a more comprehensive array of necessary services. Failing to support these practices really means failing to support the Medicaid patients in these practices, and these individuals should be our first concern. I am a member of Catholic Medical Partners, an organization that has been a leader in integration, coordination of care and VBP contracting. I am aware that they have applied for a VAP waiver and I support this request. The VAP waiver would allow my practice and others to be able to do the work necessary to be successful in WNY as we have done with our Medicare shared savings ACO.

Edward A. Stehlik, MD, MACP

Internal Medicine - Northtowns Medical Group

Chairman, Department of Medicine, Catholic Health System

Regional Physician Leader, Catholic Medical Partners

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From: Paula Gorman <gormanp@smg03.com>
Sent: Wednesday, December 23, 2015 11:47 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Cc: Lisa Hoffman
Subject: VAP exception application public comment - CMP


Good Morning,

I am the managing partner of a large primary group in the WNY and our practice serves as the PCP for approximately 1500 Medicaid patients who receive their insurance through a number of Medicaid managed care programs and who are attributed to the Sisters of Charity Hospital (PPS-lead). I am also on the Medical staff of Mercy Hospital of Buffalo and participate with Community Partners PPS (CP-PPS) and their project management team at Catholic Medical Partners. I have been involved in planning the major PCP initiatives within the PPS that seek to engage primary care practices in preventing unnecessary emergency department visits, admissions, readmissions and to improve clinical care and service in the areas of overall prevention and chronic care management.

The success of DSRIP will require us to build workflows within the office by training staff to use technology, improve patient outreach and engagement strategies to better serve the population. It will also require us to work with behavioral health organizations health homes and other community organizations to provide the additional support needed to overcome social and economic factors that can negatively impact health outcomes of the Medicaid population. This proactive approach will require additional resources and time to establish reporting capabilities and improvement processes to reach our goals.

In WNY the vast majority of Medicaid patients are enrolled in Medicaid managed care programs and have non-safety net primary care physicians. Private practice physicians in our community have embraced NYS's public policy to integrate the Medicaid population into the mainstream delivery system via participation in Medicaid managed care plans. The request for a VAP waiver for the CMP network will enable my practice and other primary care physician in the CMP network to engage and support the work needed to meet the DSRIP goals.

Sincerely,

Lisa B. Hoffman MD, FACP
President, Southgate Medical Group, LLP
1026 Union Road
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From: Bergmann, Peter <pbergman@chsbuffalo.org>
Sent: Tuesday, December 22, 2015 9:51 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: VAP exception application public comment – CMP

Sisters of Charities Hospital (SOCH), the lead entity for one of the two PPSs in Western New York (WNY), strongly supports the VAP exception application submitted by Catholic Medical Partners (CMP). SOCH believes that the VAP exception for CMP is essential to the successful implementation of its PPS' DSRIP Program initiative. The vast majority of primary care services provided to Medicaid patients in WNY are provided by non-safety net practitioners, the majority of whom are in private practice clinical settings. In WNY over 83% of the Medicaid population is enrolled in managed Medicaid plans with whom CMP signed participation agreements. The percentage of the Medicaid population enrolled in managed care exceeds the NYS State average.

SOCH and CMP have and continue to be organized to serve all patients in our community. The foundation necessary to transform health care will need to be rooted in strengthening clinical practices and in particular primary care practices. CMP has demonstrated through its efforts to expand access, adopt information technology and train the work force that it can achieve improvement in the cost and quality of care while enhancing the patient experience. The board of SOCH and our management team strongly support the CMP request to be designed a Vital Access Provider.

Peter Bergmann, FACHE
President & CEO
Sisters of Charity Hospital

Nady Shehata, MD
Chief Medical Officer
Sisters of Charity Hospital

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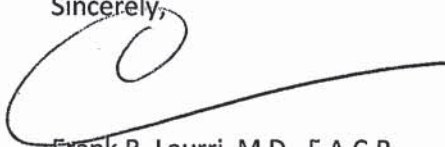
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December 28, 2015

TO WHOM IT MAY CONCERN:

I practice in Niagara County and serve a large number of patients covered by Medicaid managed care plans. As you know, a number of health plans have exited from our county due to high medical costs and financial losses. This has resulted in significant administrative effort for my practice as patients are forced to change plans and I am forced to implement different billing, authorization and other administrative requirements. I am a member of Catholic Medical Partners and they have provided support to my practice to achieve PCMH and meaningful use and without their assistance I most likely would have had to discontinue my participation in Medicaid managed care. I am aware that CMP has applied for a VAP waiver and I support their application. CMP and its physician network has a successful track record in assisting physicians in clinical improvement and I need their support to be successful in our DSRIP initiatives. We need an integrated delivery system that supports primary care physicians so that I can provide the best medical care for all of my patients.

Sincerely,

A handwritten signature in black ink, appearing to be 'Frank R. Laurri', written over a horizontal line.

Frank R. Laurri, M.D., F.A.C.P.