RCHC
REFUAH COMMUNITY HEALTH COLLABORATIVE

November 23, 2016

Dear Sir or Madam:

Refuah Community Health Collaborative (RCHC) has had the opportunity to review the RCHC Mid-Point Assessment Report. RCHC thanks the IA and DOH for their assistance during this process and for the constructive feedback we have received as a result of the assessment. However, in reviewing the report, RCHC noted several items that it believes warrant further explanation within the text of the published report before the document is disseminated for public comment. These items are as follows:

1. Page 5, First Paragraph under the Table: RCHC would like to note that the statement --"PCP and Mental Health providers did not respond to the survey…Also, the Substance Abuse partners had a negative perception" is a mischaracterization of our providers' engagement in our PPS: A) zero PCPs were surveyed in the DSRIP 360 survey. Therefore, it would be impossible for any of our network PCPs to respond to it; B) only one mental health provider was surveyed, therefore it is unsurprising that no responses were returned for this category; C) only one substance abuse provider, of many such partners, responded to the survey. Therefore, the overall assessment of RCHC's by substance abuse providers, in general and as a group, as presented in the Final Report, provides only a very limited view of RCHC. We would ask that the IA include some of this explanation to more accurately describe the results and assist the reader in the interpretation of the limited data.

2. Page 5, Governance Survey Questions: RCHC would like to note that for the governance questions – Q1, Q5, and Q9 – the percentage of "agree" or "strongly agree" responses were 90%, 90%, and 65%, respectively. Therefore, RCHC believes that although it may be true that other questions received an even more positive response, the statement -- "Most negative answers were for the Governance…questions "–is greatly misleading to a reader.

3. Page 8, Community-Based Organization Contracting and Page 11, Fig. 5: RCHC would like to note that the statement --"the IA found that the PPS had distributed $26,250.00 or 1.33% of the funds distributed to its CBO partners through DY2, Q2" is an inaccurate statement and reinforces the misrepresentation of DSRIP funds flow caused by the reporting limitations of MAPP. More specifically: A) RCHC has contracted with and flowed funds to non-partner CBOs – these relationships are not captured in the PIT tool; B) many organizations provide both billable services, as well as operate other service lines which address the social determinants of health care – these organizations are not captured in the CBO definition (as alluded to in Footnote 7); and C) Fig. 5 does not capture second-tier contracting which may occur as a result of the 95/5 rule. We request that all of these mechanisms of funds flow be included in the report as an explanation as to why the amount listed in figure 5 could grossly underestimate the true amount of DSRIP funds flowing to CBOs.

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4. Page 10, VBP Narrative: RCHC acknowledges that it did not submit a "PPS narrative" related to VBP in the MAPP tool as a result of the state's modifications to the requirements for such milestones. However, RCHC would like to note that it did share its plans for VBP contracting during the on-site IA visit as well as on monthly EO calls with the DOH. We ask that the IA acknowledge RCHC's efforts in VBP and ongoing discussions between the PPS, providers, MCO (Fidelis) and the DOH as evidence of progress made toward one of the DSRIP program's core goals.

5. Page 11, Distribution of Funds to PCPs: RCHC would like to note that the statement --"the data indicates that the PPS has not distributed funds to the PCP partners" is a mischaracterization of our funds flow to primary care. RCHC does not have any individual or private practice PCPs in its network. All PCPs are employees of FQHCs (clinics) or hospital-based practices. Therefore, the correct interpretation of Figure 5 is the exact opposite of the one made in the report. RCHC has, in fact, distributed the majority of its partner funds to primary care.

6. Page 19, Project 2.c.i Risk Categorization: RCHC respectfully disagrees with the assessment that it is "at risk" with respect to partner engagement for Project 2.c.i Navigation. As has been discussed with the state, RCHC believes that the MAPP tool does not properly categorize many of its providers with respect to "type" or "safety net" status. RCHC has already submitted to the DOH documentation which supports this assertion. The state has communicated that a solution to this issue is being worked on. Once the modifications in MAPP are made, RCHC will have met its provider speed targets ahead of schedule.

While we realize the importance of publicizing the Mid-Point Assessments and welcome public feedback, RCHC would urge the IA and DOH to delay the publication of all of the Mid-Point Assessments on a state-wide basis until after PPS comments have been addressed. The first half of the DSRIP Program has been overwhelmingly successful, providing tangible benefits for the health of Medicaid enrollees and positive impacts for providers and the community. The Mid-Point Assessment is a rare opportunity for the DOH to communicate those gains to the public. The dissemination of incomplete or inaccurate information, in written format, which does not fully reflect these achievements will have lasting negative impacts on all stakeholders in the DSRIP Program.

Again, we would like to thank the IA and DOH for their support in connection with the entire DSRIP process. RCHC would be happy to discuss these concerns further or provide any additional documentation deemed necessary.

Respectfully,

Corinna Manini, MD
Chief Administrative and Medical Officer