November 10, 2014

Jason Helgerson
New York State Medicaid Director
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

RE: Comments on DSRIP Measure and Specification Reporting Manual

Dear Mr. Helgerson:

On behalf of LeadingAge New York, I am writing to share our comments on the DSRIP Measure and Specification Reporting Manual. We appreciate the opportunity to provide input into this important initiative.

Overall, we remain unclear about how these measures ultimately translate to a non-lead partner in a Performing Provider System (PPS), or a partner that was not included in the attribution logic. Many of the measures are specific to acute care, with few long-term care and post-acute care provider specific measures noted in this manual. We question how those partners will be able to effectively advocate for their share of the incentive payment when the Department is not measuring their performance or impact.

We also raise concern about the underlying assumption with these metrics is that PPS partners have the tools (i.e. electronic health records (EHRs), technology infrastructure and resources to conduct health information exchange, etc.) necessary to systematically and consistently collect and report data used to calculate the metrics. This is simply not the case. As we have voiced in various forums, investment is needed in this infrastructure for long term and post-acute care (LTPAC) providers.

We are also unclear about the potentially avoidable services measures (i.e. potentially avoidable hospitalizations and potentially avoidable ER visits) – in this document it states that the measures will be calculated using NYSDOH claims data. Will the measures be calculated overall on the entire attributed population? Or will each "swim lane" category (i.e. long term care, behavior health, etc.) be calculated separately? Are these measures risk-adjusted?

Given the complexity of attribution and valuation, particularly for our "downstream" members, we recommend the Department provide an interactive educational program to enable PPS non-lead partners to understand how they factor in, and subsequently how that can translate to the determination of a fair incentive payment. It is in everyone's best interest to make sure there is an understanding of how these measures are arrived at – so that the PPSs and partnering providers have the best chance at developing strategies to be successful in the meeting the metrics. We would be happy to host this discussion.

13 British American Blvd. | Suite 2 | Latham, NY 12110
P 518.867.8383 | F 518.867.8384 | LeadingAgeNewYork.org

Specific Comments on DSRIP Measure Specification and Reporting Manual

Below are specific comments on the Manual, as it may relate to our membership.

Page 11: Domain 2 – System Transformation Metrics

A. Create Integrated Delivery system

System Integration Measure: Percent of Eligible Providers with participating agreements with RHIOs; meeting MU Criteria and able to participate in bidirectional exchange

Comment: Please provide clarification as to the definition of "eligible providers." We assume it means hospitals and physicians as defined in the Hitech Act? Will LTPAC providers be measured on their ability to participate in bidirectional exchange of health information?

Question: Also related to this program, the application discusses criteria for health information exchange as key milestones, and it is unclear which aspects relate to LTPAC providers. It would be helpful for DOH to clarify if some of the requirements apply only to a certain type of provider. For example:

- Would LTPAC providers be required to meet Meaningful Use criteria when they have not been eligible for EHR incentive payments?
- While PCMH primary care certification applies to physicians, it would presumable not apply to other safety net providers in the PPS, such as assisted living or home care?
- Would the PCMH criteria apply to a physician group that provides services to Nursing Homes by contract?

See below for references from the application:

4. Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including secure notifications/messaging, by the end of Demonstration Year 3.5. Ensure that EHR systems used by participating safety net providers must meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year 3.
7. Achieve 2014 Level 3 PCMH primary care certification, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.

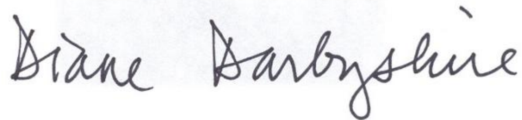
Page 13: Domain 3 – Clinical Improvement Metrics
A – 2. Additional behavioral health measures for provider systems implementing the Behavioral Interventions Paradigm in Nursing Homes (BIPNH) project PPR for SNF Patients: We are not aware of a validated PPR measure for skilled nursing home residents. Are the specifications for that measure available for public review?

Page 16: Domain 3 – Clinical Improvement Metrics
G. Palliative Care
The UAS-NY is used in the manual as the data set for Palliative Care. The UAS-NY is a NYS required assessment tool currently required for members/residents/clients of managed long term care programs, Assisted Living Programs, Adult Day Health Care, and home care agencies; but not skilled nursing facilities (SNFs). How will SNFs be measured on this project in the absence of UAS-NY data?

Also, as of now, there are no UAS-NY validated quality measures. While organizations will not be measured on P4P until Year 3, it will be important to allow for public comment and discussion on any measures developed based on the UAS-NY dataset.

Thank you for your consideration of our questions and recommendations. If you have any questions regarding our comments, please do not hesitate to contact us at (518) 867-8383.

Sincerely,



Diane Darbyshire, LCSW
Senior Policy Analyst