



## Comments on the NYS DSRIP Waiver Amendment Request

January 10, 2020

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide comments on New York State's Delivery System Reform Incentive Payment (DSRIP) Amendment Request. CHCANYS represents New York's federally-qualified health centers (FQHCs), which operate over 800 sites and serve 2.4 million patients, 59% of whom are enrolled in Medicaid or CHIP. CHCANYS commends the State's work in the first round of DSRIP to reduce costs, improve patient outcomes, and decrease unnecessary inpatient and emergency room utilization, and is grateful to the Centers for Medicare & Medicaid Services (CMS) for investing in transformative approaches to better the health and wellbeing of the Medicaid population.

FQHCs were critical partners in the first iteration of New York's DSRIP; many leveraged DSRIP investments to expand their capabilities to address the opioid crisis, create residency programs to address workforce shortages, enhance Electronic Health Record (EHR) software to include identification of social needs, and worked to develop integrated contracting networks (such as Independent Practice Associations, IPAs) to advance value-based payment (VBP) across the State. Although we applaud the great successes that have been generated in the first round of DSRIP, CHCANYS believes that the State could have made even bigger strides in improving population health had there been more comprehensive and direct investment in community-based providers (like FQHCs) and social care organizations.

For New York to experience a real transformation of the health care delivery system and sustain the gains thus far achieved through DSRIP, there must be a significant direct investment in community-based care. CHCANYS is working in collaboration with other community-based providers and managed care organizations (MCOs) to advance integrated contracting networks that improve population health through VBP. The State must direct resources to community-based providers, like FQHCs, whose delivery of advanced comprehensive primary care has led directly to the successful achievement of DSRIP's primary goals— reducing avoidable hospitalizations and inappropriate presentations at emergency rooms. A community health centric model that includes FQHCs can effectively meet the health, socioeconomic, and environmental needs of New Yorkers. Since their inception, FQHCs have provided their patients with access to nutrition, housing, transportation, and child care services based on their long-standing knowledge that coordinating these services supports excellent patient and family-centered outcomes and ultimately reduces healthcare costs. We recognize and appreciate the State's desire to invest more wholly in social care organizations in a second round of DSRIP, as evidenced by their amendment request. A community-focused healthcare delivery model that includes acute and specialty care access should be the main vehicle to drive success in the next iteration of New York's DSRIP program. CHCANYS remains concerned that the State's waiver amendment request maintains the current hospital centric funding system, which prioritizes investments in hospital-led networks over community-based delivery models.

CHCANYS strongly supports the renewal of the DSRIP program through March 31, 2024 and offers the following concepts that should be included in a second round of DSRIP:

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- Dedicate a minimum of 25% of future DSRIP funds to community-based providers.
- Invest in integrated contracting networks, including IPAs, to support data analytic capabilities needed to effectively manage population health.
- Create and enforce a uniform data sharing policy for the managed care plans; enforce transparency in expenditures and utilization.
- Align Value Management Organization (VMO) attribution with MCO attribution.
- Align VMO networks with patient utilization patterns.
- Continue investments in care management initiatives that address patients' social and medical needs.