



American Cancer Society ☞ Children's Defense Fund-New York ☞ Coalition for Asian American Children and Families ☞ Community Service Society of New York ☞ Empire Justice Center ☞ Make the Road New York Medicare Rights Center ☞ Metro New York Health Care for All Campaign ☞ New Yorkers for Accessible Health Coverage ☞ New York Immigration Coalition ☞ Public Policy and Education Fund of New York/Citizen Action of New York ☞ Raising Women's Voices-New York ☞ Schuyler Center for Analysis and Advocacy ☞ Small Business Majority ☞ Young Invincibles

July 14, 2016

Jason Helgeson, Director  
New York State Medicaid

RE: 1115 Waiver Public Comment Request

Dear Director Helgeson:

Health Care for All New York (HCFANY) is a statewide coalition of over 170 organizations dedicated to achieving quality, affordable health coverage for all New Yorkers. We strive to bring consumer voices to the policy conversation, ensuring that the concerns of real New Yorkers are heard and reflected.

Thank you for the opportunity to comment on New York State's 1115 Waiver. As of the due date for public comments, no drafts of the waiver are available and so HCFANY is unable to provide comments on any proposed changes. The Department should undertake another public comment period when the draft waiver has been made public.

The following comments refer to other aspects of New York's Medicaid program. Many of these comments and recommendations echo those of Medicaid Matters New York.

#### **Delivery System Reform Incentive Program (DSRIP)**

- The Performing Provider Systems should be systematically engaging consumers in their efforts, including representation in governance structures. Consumer experiences should be used to continuously improve the projects. As with other delivery system reform efforts, consumer experiences and patient-reported outcomes should be a major component in assessing whether or not DSRIP has succeeded.
- The Department should post quality information publicly and on a regular schedule for the PPSs, similar to the quality information you presented to at the United Hospital Fund's 2016 Medicaid Conference. However, the quality reports should be linked to specific PPSs. Sharing this information publicly would increase accountability to the public. It would also create more investment in the DSRIP effort from the affected communities.
- Funding for DSRIP and other health reform activities should be transparent. Definitions should be provided for the categories of spending included in the PPS funds flow reports.



- Community-based organizations (CBOs) should receive significant resources for the non-clinical services they are providing in support of the PPS projects. The Community-Based Organization Planning Grant was a positive step towards providing the support that CBOs need to negotiate fair rates with the PPSs. DSRIP funds not allocated or fully spent by the PPSs should go to CBOs.

### **Value-Based Payments**

Some brief comments are included below, but please also see the attached letter for more detailed feedback on the value-based payment roadmap. Those comments were submitted to the Value-Based Payment Workgroup in April.

- Consumers have the right to know about how their care is paid for, whether or not their providers are participating in reform efforts, and what those reform efforts are meant to achieve.
- Consumer experiences and patient-reported outcomes should be used to assess the success of value-based payments and other health reform efforts.

### **Managed Care**

- Everyone should receive care that is coordinated and efficient, especially people who are in mandatory managed care.
- There should be more standardization in the definitions of care coordination used by different state programs so that the state can more effectively hold payers and providers accountable. Beneficiaries who are entitled to care coordination should be informed about what that means, for example by sharing the services that are included in plan and provider contracts.

### **Consumer Assistance**

- Individual, independent consumer assistance should be available to everyone in managed care. The Independent Consumer Advocacy Network (ICAN) should be sufficiently supported to achieve this goal.
- ICAN should be required to provide regular, public reports on its activities and trends.

Thank you for your attention to these comments. Please contact me with any questions at [adunker@cssny.org](mailto:adunker@cssny.org) or 212-614-5312.

Sincerely,

Amanda Dunker, Policy Associate  
Community Service Society of New York