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COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES

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March 30, 2015

Jason A. Helgerson
Deputy Commissioner, Office of Health Insurance Programs
NYS Medicaid Director
NYS Department of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

Re: *Value Based Payments Roadmap*

Dear Mr. Helgerson:

COMPA, the Coalition of Medication-Assisted Treatment Providers and Advocates, represents the Opioid Treatment Programs of New York State, which are currently providing medically needed opioid addiction treatment services to approximately 40,000 New Yorkers. We are aware of the importance in redesigning the Medicaid system so that it is sustainable and we are particularly cognizant of the strains that combating the deadly upsurge in heroin and opioid epidemic has and will put on our healthcare system.

Many Paths to Payment:

COMPA supports the Menu of Options approach to creating innovative value-based payments.

The Roadmap provides for 3 contracting options with the MCOs (at the PPS level, PPS contract allows for direct provider/MCO contract, MCO direct to provider contracts).

COMPA is concerned that the third option may become unavailable over time, as relationships between MCOs and PPS networks become more solidified. It is foreseeable that providers and/or provider groups will lose their ability to freely negotiate with MCOs in this structure.

COMPA believes that clear and unambiguous regulation is essential to prevent a monopoly and unfair practice from developing.

Integrated primary care, shared savings and assuming risk:

The ability of integrated primary care providers to transition into VBPs and benefit from shared savings and assumed risks by counting avoidable episodes when part of a PPS, it is unclear how this plan will work for the third contracting option, between MCO and provider groups. Is this option available to all providers?

Setting rates and rebasing:

“The state does not intend to set target budgets, not does it intend to set the PMPM or bundle rates once level 3 arrangements come into view”

This statement must be reconsidered in light of the essential treatment services provided by OTPs. OTPs are restrained by NYS OASAS census capacity restrictions from increasing the number of patients that can be treated in an OTP. In this arrangement an MCO may negotiate a separate rate with one OTP provider which undermines the fiscal viability of another essential OTP provider. The state will lose essential services which it cannot afford in the midst of an epidemic. This has happened in other states, to the detriment of their healthcare systems. COMPA urges a uniform approach in negotiating payments for the OTPs, which can and should be innovative in design.

Housing:

COMPA appreciates and supports the commitment to stable housing maintained in the VBP Roadmap. We agree that housing is a major factor in health, one that too many of our patients cope with daily. Unfortunately, even our best community based housing providers cannot solve the problem of housing shortages. Nor should we expect them to.

DSRIP/VBP and Community Based Organizations:

COMPA supports the idea of creating synergy between DSRIP objectives and measures. However, many behavioral health providers, certainly substance-use disorder providers and definitely OTPs have not been well-integrated into DSRIP, nor the PPS projects. The state has been persistent in encouraging stakeholder input and involvement in the PPS networks and projects but COMPA has seen inconsistent response.

COMPA believes that the transition to value-based payments is too critical an issue to base entirely on DSRIP outcomes and measures unless and until PPS networks are regulated to ensure stakeholders are adequately represented and involved.

COMPA would like to see additional standardized measures used to ensure that downstream providers whose outcomes are not truly reflected in the PPS are captured. We would also like a fuller discussion of proposed outcome measures that will ensure that patients who are the most vulnerable, with chronic, co-morbid conditions continue to receive care although they are likely to “hurt” outcomes.

COMPA
Value Based Payments

COMPA believes that the OTPs can lead the way down the road to value based payments. Our programs have the infrastructure, staffing and experience to make an impact early in this multi-year process. Please consider the areas that we have outlined in order to clear the path.

Thank you for your consideration.

Very truly yours,



Allegra Schorr
President
COMPA