



**New York State Department Of Health  
Delivery System Reform Incentive Payment Project**

**DSRIP PPS Organizational Application**

**Catholic Medical Partners-Accountable Care IPA INC  
(PPS ID:46)**

**SECTION 1 – EXECUTIVE SUMMARY:**

**Section 1.0 - Executive Summary - Description:**

**Description:**

The DSRIP PPS Organizational Application must include an executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system. This section will also include questions about any application(s) for regulatory relief the PPS is pursuing.

**Scoring Process:**

This section is not factored into the scoring of the PPS application. This response will be reviewed for completeness and a pass/fail determination will be made.

**Section 1.1 - Executive Summary:**

**\*Goals:**

Succinctly explain the identified goals and objectives of the PPS. Goals and objectives should match the overall goals of the NY DSRIP waiver and should be measurable.

#	Goal	Reason For Goal
1	Create an integrated delivery system	To provide the information to the PPS providers on the needs of the population by producing reports on quality and utilization that can be used by medical and human services staff to close gaps in care.
2	Insure care is provided at the appropriate level	Need to reduce unnecessary utilization at the hospital level while increasing preventive outpatient care.
3	Improve care to at risk populations	Chronic illness is the cause of the majority of preventable admissions and significant burden of illness for individuals and families. Optimal ambulatory care reduces morbidity and burden of illness and is measurable.
4	Improve PCP access	Regular primary care visits enables providers to identify health risks, engage patients in health promotion and coordinate care within the PPS network. Primary care visits are measurable as are annual wellness examinations and accompanying health screenings. Integration of behavioral health and palliative care and their key metrics are measurable and have demonstrated success.
5	Accelerate health information technology interoperability and establish data governance policies	Population health improvement initiatives require valid data on incidence and prevalence of illness, use rates and quality to direct improvement goals.
6	Improve patient engagement	Patients who are engaged in their care, exhibit better adherence to treatment goals resulting in improvement in quality outcomes.

**\*Formulation:**

Explain how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities.

Community Partners of WNY (CPWNY) PPS evolved through a process of community and provider engagement. The group was lead first by Catholic Medical Partners, with its very broad base of 975 providers experienced in population health management, ranked #3 ACO in the country by CMS. Leadership transitioned to Sisters of Charity Hospital, a large teaching and safety net hospital and member of CMP, serving a disproportionate amount of care to vulnerable populations in WNY. Through community forums, provider engagement, focused leadership and results of the community needs assessment, CPWNY recruited a comprehensive group of providers and community based agencies positioned to address health care disparities. CPWNY opted for a collaborative contracting governance model to enable efficient decision making and the ability to have multiple partners exert a strong influence in the future development of the PPS. CPWNY will utilize its PAC to maintain strong community representation, transparency and communication going forward.

**\*Steps:**

Provide the vision of what the delivery system will look like after 5 years and how the full PPS system will be sustainable into future.



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CPWNY's vision is to continue to develop our clinical competencies and to collaborate with health plans to develop contracts that promote a population health business model aimed at creating a margin from value based shared savings. In 2018, we will be positioned to contract directly with New York State or through health plans for the Medicaid population. CPWNY strategic focus has been developed around the High Performing Health System model that is based on accountability, evidence based care and values given by our commitment to the common good as well as our solidarity with the populations we serve and the foundational focus on interdependency among our network of providers to work collaboratively to improve clinical care and service.

**\*Regulatory Relief:**

Is the PPS applying for regulatory relief as part of this application? Yes

For each regulation for which a waiver is sought, identify in the response below the following information regarding regulatory relief:

- Identify the regulation that the PPS would like waived (please include specific citation);
- Identify the project or projects in the Project Plan for which a regulatory waiver is being requested and outline the components of the various project(s) that are impacted;
- Set forth the reasons for the waiver request, including a description of how the waiver would facilitate implementation of the identified project and why the regulation might otherwise impede the ability of the PPS to implement such project;
- Identify what, if any, alternatives the PPS considered prior to requesting regulatory relief; and
- Provide information to support why the cited regulatory provision does not pertain to patient safety and why a waiver of the regulation(s) would not risk patient safety. Include any conditions that could be imposed to ensure that no such risk exists, which may include submission of policies and procedures designed to mitigate the risk to persons or providers affected by the waiver, training of appropriate staff on the policies and procedures, monitoring of implementation to ensure adherence to the policies and procedures, and evaluation of the effectiveness of the policies and procedures in mitigating risk.

***PPS' should be aware that the relevant NYS agencies may, at their discretion, determine to impose conditions upon the granting of waivers. If these conditions are not satisfied, the State may decline to approve the waiver or, if it has already approved the waiver, may withdraw its approval and require the applicant to maintain compliance with the regulations.***

#	Regulatory Relief(RR)	RR Response
1	Federal Anti-Kickback statute, Federal Start Law and PHL Section 238-a.	Various federal and state provisions will have to be waived for all of the projects to allow revenue sharing across PPS participating organizations. Provisions in these laws will prevent our PPS from distributing funds within the PPS in the manner required by DSRIP.
2	Title 10 New York Codes, Rules, and Regulations (NYCRR)	<ul style="list-style-type: none"> <li>-Certificate of Need (CON) rules regarding establishment—specifically based on lead agency powers within the PPS—will require waiver of Part 405.1 &amp; 600.9, regulatory provisions that define when establishment is required.</li> <li>-Parts 405.3 &amp; 600.9(c) rules regarding management contracts &amp; revenue sharing will need to be waived.</li> <li>-Definitive anti-trust protections are required (Certificate of Public Advantage will be helpful); broad state action immunity is necessary.</li> <li>-There is need for a centralized system-wide credentialing authority— involving facilities licensed by multiple state agencies &amp; private practitioners—to include all practitioners who care for patients throughout our PPS (Parts 405.2 &amp; 405.4).</li> <li>-Since our PPS involves a community-wide practitioner base, corporate practice of medicine rules need to be addressed.</li> <li>-Co-location restrictions need to be eliminated for services that integrate behavioral &amp; physical health care &amp; private physician practice. We envision this for 2ai &amp; 3bi.</li> <li>-There needs to be consistent (i.e., a single set) of operational standards and recordkeeping requirements for co-located behavioral and physical health services across all state licensing agencies.</li> <li>-To support the integration of primary care &amp; behavioral health, hospitals need to be able to generate more than one threshold visit bill per day to</li> </ul>