



Safety Net Primary Care - funds flow question

How do you flow funds to Primary care practices where some physicians appear on the Safety net physicians list while others do not? Do the physicians who do not presently appear to have safety net designation have to apply for Safety Net status or VAP exception?



Question by [Priti Bangia](#)

On november 23, 2015 at 08:36 - 60 views, 1 reply, 2 followers

1

safety net physicians VAP

This is a very important question....not just for primary care but for all provider types. It is my understanding that the ability to apply for safety net status is closed yet in reality the network providing services to Medicaid beneficiaries is very dynamic. Furthermore, many if not most of those providing care to Medicaid beneficiaries do not bill Medicaid directly themselves but are really employees of organizations providing Medicaid services. The Medicaid claims data does not always accurately reflect that employee relationship and it will be very difficult if not impossible for PPSs to reconcile payments made to organizations with the individual practitioner level view that DSRIP seems to expect. The safety net/non-safety net issue is further complicated in that some services that directly target and benefit Medicaid beneficiaries (for example related to behavioral health crisis or housing) are grant funded and not billed to Medicaid and therefore do not appear in the calculation of safety net status. A final and to my mind non trivial contradiction is that the overarching goal of DSRIP is to ensure that Medicaid beneficiaries are able to benefit from the most integrated and appropriate care. That should include the most appropriate specialty care and effective primary and other care close to home. One way to ensure that is to use the DSRIP process to increase access to providers who have not traditionally participated in the Medicaid program —or who have participated but for whom Medicaid comprises a smaller portion of their practice. I am sure the intention of the "95% rule" was to insure that the benefit of DSRIP resources went to support providers who serve the Medicaid population but the rule may unintentionally be a barrier to integrating Medicaid populations into the populations served by the highest quality and most efficient health care delivery systems. This does not answer your question. I think the issues are significant enough to warrant a discussion beyond the mix.

By [Janet \(Jessie\) Sullivan](#), 3 months ago

1

Reply to this contribution...