Meeting #5

Date: November 18, 2015

Location: School of Public Health Albany, NY

Attendees:

TD I Subcommittee Attendance_11.18.201

Overview

This was the fifth and final meeting for the Technical Design I Subcommittee (SC). The purpose of this meeting was to finalize recommendations and address any outstanding questions or concerns.

The specific agenda for this meeting included the following:

a. Deep Dive: Criteria for Hospitals to Receive 50% of Shared Savings in IPC Contracting
b. Review of the Recommendation Comments from the VBP Workgroup

Key Discussion Points

1) **Deep Dive: Criteria for Hospitals to Receive 50% of Shared Savings in IPC Contracting** (Reference slide deck "Tech Design I Meeting #5 Presentation")

The Subcommittee began the meeting with a review of the previous meeting's discussion regarding the criteria for hospitals to receive 50% of shared savings. It was confirmed that there would not be a minimum downside risk requirement in a Level 2 arrangement to qualify for the savings. The discussion transitioned to the topic of shared savings and how shared savings could be divided in Level 1 and Level 2 VBP agreements. It was decided that the recommendation will set standard criteria in 3 different areas for hospitals to qualify for 50% of shared savings in a Level 1 arrangement and 25% of the shared savings in a Level 2, however it will provide flexibility for the parties to select the sub criteria.

The three criteria for collaboration include the following:

1. Data Management and Data Sharing;
2. Innovation and Care Redesign; and
3. Quality and Engagement.

A question was raised whether there would be an expectation around timing in data sharing (re: the Data Sharing & Data Management criterion) and it was determined that there would need to be flexibility around time frames as each provider has different data sharing capability levels. Such timing for data sharing would need to be translated and defined into contract language when the contract agreements are created. The SC was reminded that certain sensitive information, such as substance abuse history, is

protected by law from being shared. For the Innovation and Care Redesign criterion the main change request was to add behavioral health and substance use treatment in the service areas. During the discussion of the Quality and Engagement criterion, it was reiterated that the main goal here was to create consistency in the outcome metrics.

The discussion touched on the topic of hospitals being responsible for upholding the contract commitments to qualify for the shared savings. It was suggested that if the hospital did not meet the criteria as per the contract, they would not qualify for shared savings. It was suggested that having the professional-led practice as the ultimate decider would not be fully appropriate in this case, which is stated in the draft recommendation. Alternatively, it was suggested that an MCO or the State should assist in determining whether criteria were being met. Perhaps, there be a process to appeal to the State if a conflict is not resolved by the MCO. Although it was discussed that most situations would resolve without the need for such appeals process, the co-chairs acknowledged these comments and agreed to amend the current draft recommendation to reflect the points raised. The updated recommendation would be sent back to the SC for comments.

2) **Review of the Recommendation Comments from the VBP Workgroup** (Reference VBP Workgroup Recommendation Comments)

The SC took time to review the recommendation comments that were provided by the VBP Workgroup. Not all comments ignited a conversation within the group but those that had are listed below.

Comment 1: *"If downward adjustments begin in 2018, it will provide a huge advantage to those providers currently in the leading category, who will have an opportunity to participate in VBP prior to the imposition of penalties. We therefore propose that downward adjustments to the target budget be delayed until 2020."*
The response to this comment was that rebasing the target budget is intended to achieve level setting between the providers. If rebasing is not happening, it will inevitably lead to inequity. Request to postpone was rejected, no change to the current target budget recommendation.

Comment 2: *"Change the recommended distribution of Shared Savings to a Standard."*
The SC questioned the importance of shared savings being a standard or guideline because the savings amount is subject to negotiations during the contracting process. The VBP Workgroup can request to return to this issue at a later time, when VBP is being implemented. No change to current recommendation.

Comment 3: *"There is no mention of how providers leaving or joining arrangements midway affect contractual terms for VBP, including structure of the program, attribution, and dollars partially distributed. More detail is warranted on this issue."*
Co-chairs agree that clarification on this point is warranted, the Attribution recommendation will be updated.

Comment 4: *"The recommendation states that for MLTC care, attribution will be driven by the primary MLTC provider, and that a home care provider or nursing home (depending on the residential status of the member) is the default attribution point for the MLTC subpopulation. We recommend that the default*

attribution providers for the MLTC subpopulation be expanded to include: (1) an adult day health care program (this program provides care management); and (2) an Assisted Living Program (ALP) at the point the ALP benefit and population is transitioned into MLTC."
It was determined that this comment does not result in change to the recommendation. It was reminded that the recommendation on attribution is a guideline and not a standard. If other logic is deemed more appropriate, the MCO and the VBP contractor may include that in their contract language.

Materials that have been distributed during the meeting:

#	Document	Description
1	NYS VBP Technical Design I SC Meeting #5 Presentation NYS VBP_Technical Design I SC_Meeting 5	An overview of the two introductory topics, including: 1) Contracting Total Care for the Total Population in Combination with other VBP Arrangements and 2) Criteria for Hospitals to Receive 50% of Shared Savings in IPC Contracting.
2	Draft Recommendation for the Criteria for Shared Savings in Integrated Primary Care Arrangements	An overview of the Integrated Primary Care model.
3	VBP Workgroup Recommendation Comments	Comments provided by VBP Workgroup on TDI's recommendations.
4	Meeting #4 Summary Meeting 4_VBP Tech Design I_Summary_10	Minutes from the previous meeting's discussion.

Key Decisions

Comments raised during the SC meeting are going to be reflected in the recommendation as clarifications, the updated version of the draft will be sent to the SC for comments.

Attribution recommendation will also be updated and sent back to the SC.

Conclusion

This was the last meeting for the TDI SC. After the SC finalizes the recommendations they will be submitted to the VBP Workgroup for final review and approval.