



**Department
of Health**

**Medicaid
Redesign Team**

Technical Design II Subcommittee Meeting #5

November 18, 2015

Welcome Back – Last SC Meeting

Today's Agenda includes the following:

Agenda Item	Time
Welcome & Introductions	1.00
Review Draft Recommendations: 1. What should be the criteria and policies for the VBP Innovator Program?	1:15
Break	2:30
1. Update on the Quality and Outcome measures in the TCTP arrangement 2. Update on Workforce Measures	2:45



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VBP Innovator Program Design

Review Draft Recommendation

Innovator Program Components

Component	Options	Recommendation
1. Program Eligibility	(1) High risk Level 2 and 3 OR (2) Level 3 only TCTP or Subpopulation Arrangements	✓ Level 2 and 3 are eligible to apply but must pass a contract review process
2. Applicant Review Process	Applicants must meet a set of minimum criteria OR strict program criteria	✓ Align with Program Eligibility and risk levels with a three tiered review process
3. Criteria for Participation	Criteria include confirmation of network adequacy and proven success in VBP contracting	✓ Three criteria recommended; <ol style="list-style-type: none"> 1) Network adequacy requirements 2) Proven success in VBP contracting for TCTP and/or subpopulations. Review by the State on case by case basis 3) Reasonable size to be able to assume significant risk: <ul style="list-style-type: none"> • 25,000 members (excluding duals) attributed for a TCTP contract, or • 5,000 Medicaid members (excluding duals) attributed for a subpopulation contract. <ul style="list-style-type: none"> • For the MLTC contract, the minimum number is recommended to be 10,000.
4. Appeals Process	Allow applicants to appeal decisions OR do not allow an appeals process	✓ No appeals process requested

Innovator Program Components (cont.)

Component	Options	Recommendation
5. Program Benefits	Differing percentages of premium pass-through sharing between plans and providers	✓ Benefit of 90- 95% of premium for provider determined by the amount of the risk and administrative tasks taken on by the provider
6. Performance Measurements	Create additional performance measures for Innovators OR align with existing DSRIP performance measures	✓ Align with DSRIP and TCTP measures. Some additional VBP measures may be added; no specific Innovator Program measures.
7. Status Maintenance and Program Exit Criteria	Determine whether Innovators must meet performance requirements and clarify exit process	✓ Probationary period of 6-12 months to improve performance for status maintenance with no surplus payments to the innovator until the measurements are above average again
	Include a transition period after contract termination OR do not include a transition period	✓ Include a period to ensure smooth transition out

MCOs are expected to support the Innovator arrangements. Such support will be included in the updated Managed Care Model Contract.

Innovator Program Benefits:

Rewarding providers 90%- 95% of premium pass-through

Optimum

#	MCO Administrative Functions*	MCO	Provider
1	Utilization Review (UR)		●
2	Utilization and Care Management (UM)		●
3	Drug Utilization Reviews (DUR)	●	●
4	Appeals and Grievances	●	●
5	Quality	●	●
6	Claims Administration		●
7	Member/Customer Service	●	●
8	Network Management	●	●
9	Risk Adjustment & Reinsurance	●	●
10	Disease Management		●
11	Provider Services Helpdesk	●	●
12	Provider Relations	●	●
13	Credentialing		●
14	Data Sharing	●	●
15	Member Enrollment/Advertising	●	
16	Fraud, Waste and Abuse	●	
17	Legal	●	
18	Compliance	●	

Legend	
●	Sole Responsibility
●	Shared Responsibility
	Can't be delegated

To achieve 90% of the premium, functions 1, 2 and 10 should be fully delegated to the provider, while at least half of the tasks listed as 'shared' in the table should be partially delegated.

To achieve 95% of the premium, total risk is assumed and the first 14 functions in the table should be delegated to the provider (including shared functions).

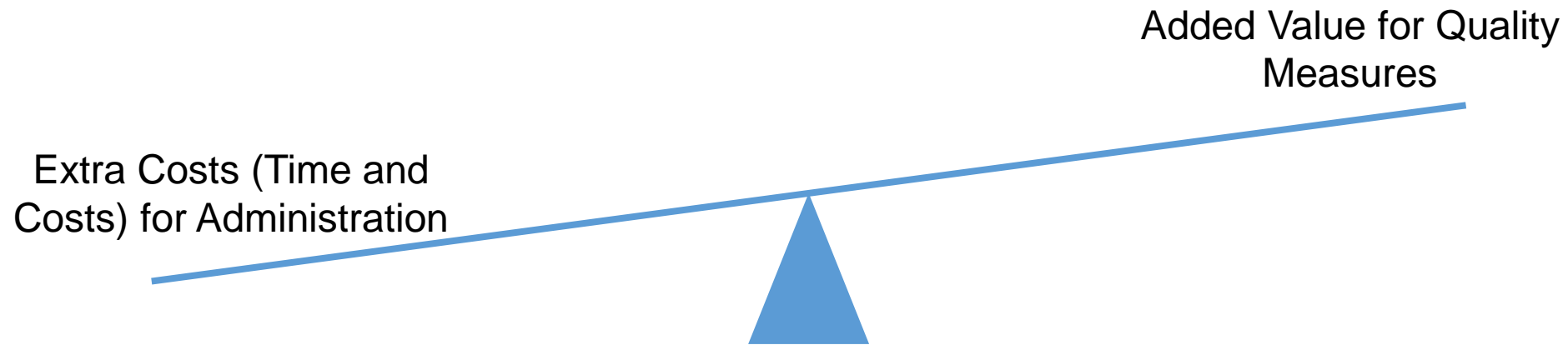
For percentages between 90% and 95%, providers are obligated to take on more administrative functions in addition to functions 1, 2 and 10. Percentage will be determined during contract negotiations based on the amount of administrative functions delegated.

TCTP Measures Update

- The DSRIP and QARR/HEDIS Measures included received little commentary and will be included in the TCTP measures
- Several new measures (derived from the CMS Medicare ACO measure set) were marked as relevant
- To identify those *additional* measures that the SC finds to be of sufficient added value to the existent set (DSRIP, QARR/HEDIS), the SC members will be asked to prioritize measures from a list that will be sent out after the meeting
- Subsequently, all potentially new measures will be carefully reviewed by OQPS before being presented to the VBP Workgroup

The Effort of Collecting Additional Data for Quality Measurement Must Be Weighed Against the Added Value

- For TCTP, quality measures can be derived from claims, but only partially so.
- There might be other relevant measures that include patient surveys and assessments. Incorporating these data will require standardized collection efforts. Identification of key measures is important.
 - *The extra costs (in time and money) of collecting the additional data has to be weighed against the added value that the measure brings.*



Workforce Measures Update

Discussions with 1199 and OQPS have led to a few conclusions:

- Workforce measures are key to DSRIP, VBP Medicaid and the APC process
- There are many available workforce measures but their validity, reliability and feasibility vary
- Development work is necessary to create a set of measures that will work for VBP (incl. APC)
 - DSRIP may be the unique opportunity to refine these measures
 - DSRIP is a major Workforce transition program – adequate evaluation and monitoring is key
- 1199 and DOH will take this topic forward and will report back to this group or the VBP Workgroup with next steps in the future.

Closure

Recommendations issued by the SC will be compiled in the final report to the VBP Workgroup

- The Workgroup together with DOH will issue the final decision on each recommendation
- The finalized report will be available once approved

Thank You!

Contact Us

Co-Chair

Lynn Richmond

LRichmon@montefiore.org

Co-Chair

Denise Gonick

DGonick@mvphealthcare.com

Zamira Akchurina

KPMG Lead

zakchurina@kpmg.com

