NEW YORK STATE | Department of Health | Medicaid Redesign Team

# HIV/AIDS Clinical Advisory Group (CAG) Meeting

## *Review of Quality Measures for Value Based Payment (VBP) Arrangements*

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# Agenda

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|---|---|
| 1. Welcome and Meeting Agenda | 5 min |
| 2. NYS Healthcare Reform and Value Based Payment Program Background | 5 min |
| 3. VBP Quality Measure Sets | 20 min |
| 4. Next Steps | 10 min |
| 5. Questions, Feedback, and Suggestions | 20 min |

# Background

# Value Based Payments: Why is this important?

- By DSRIP Year 5 (2020), all MCOs must employ VBP systems that reward value over volume for at least 80 – 90% of their provider payments.
- Health Home care management payments will be part of VBP arrangements.

**Value Based Payments (VBP)**

| | | | |
|---|---|---|---|
| An approach to Medicaid reimbursement that rewards value over volume | An approach to incentivize VBP Contractors through shared savings and financial risk | A method to directly tie payment to VBP Contractors with quality of care and health outcomes | A component of DSRIP that is key to the sustainability of the program |


*Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYSDOH DSRIP Website. Published June 2015.*

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# VBP Transformation: Overall Goals and Timeline

**Goal**: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.


| 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| *DSRIP Goals* | *April 2017* | *April 2018* | *April 2019* | *April 2020* |
| | **PPS requested to submit growth plan outlining path to 80-90% VBP** | **≥ 10% of total MCO expenditure in Level 1 VBP or above** | **≥ 50% of total MCO expenditure in Level 1 VBP or above.<br>≥ 15% of total payments contracted in Level 2 or higher** | **80-90% of total MCO expenditure in Level 1 VBP or above<br>≥ 35% of total payments contracted in Level 2 or higher** |

**Acronym Definition:**
New York State (NYS)
Performing Provider System (PPS)
Managed Care Organization (MCO)

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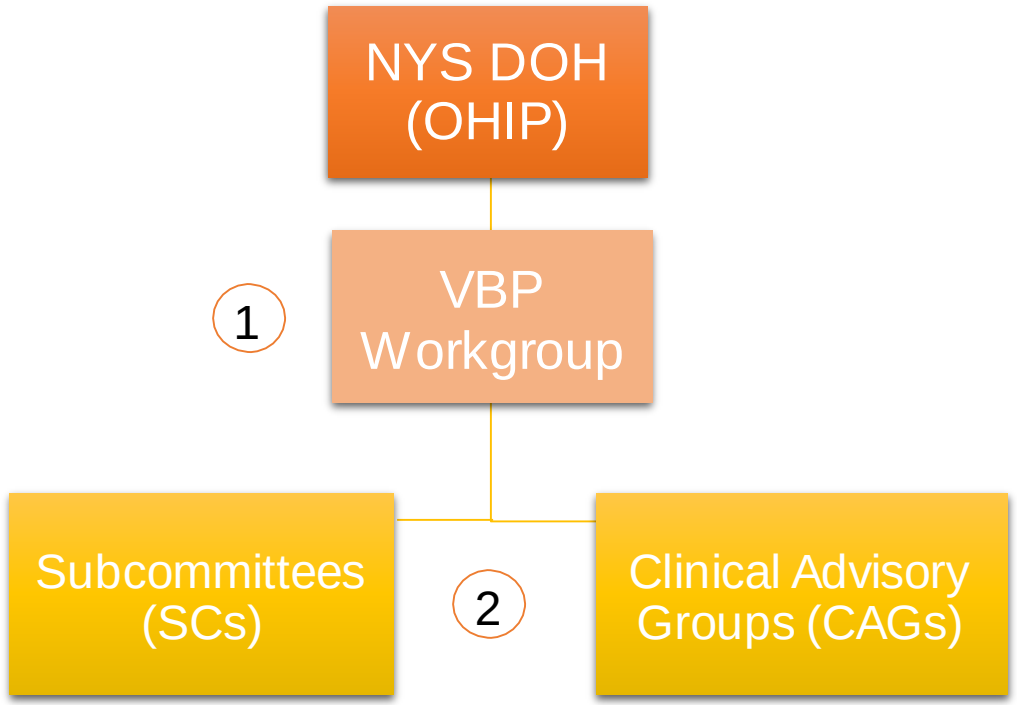
# VBP Governance and Stakeholder Engagement




*Additional CAGs and Subcommittees may be created as the need arises.*

1

The **VBP Workgroup** is a governing body that consists of NYS Health Plans, MCOs, and representative organizations (including health plan associations, hospital associations, legal firms specializing in health care contracting, NYS HHS Agencies, CBOs, patient advocates, physicians, PPSs, and other industry experts). **Its goal is to develop strategy and monitor the implementation of VBP in NYS.**

2

The **VBP CAGs and SCs** were created to address the larger VBP design questions. Their charge is to produce recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs' scope of work included selecting Quality Measures for specific arrangements.

**Acronym Definition:**
Health and Human Services (HHS)
Community Based Organization (CBO)
Performing Provider System (PPS)
Department of Health, Office of Health Insurance Programs (DOH OHIP)

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# Multiple VBP Arrangement Options

There is no single path towards Value Based Payments. Rather, there are a variety of options that MCOs and VBP Contractors can jointly choose from.

## Need for Contracting Flexibility

VBP Contractors and MCOs are able to address local population and organization characteristics:

- Different levels of *provider readiness*
- Different types of *outcomes* that are relevant
- Different roles for the *member/patient*
- Different *models of care*
- Different *organizational forms*
- Different *payment models*

## Multiple Arrangement Options

- ❑ Total Care for General Population (TCGP)
- ❑ Integrated Primary Care (IPC)
- ❑ Maternity Bundle
- ❑ Total Care for Health and Recovery Plans (HARP) Subpopulation
- ❑ Total Care for HIV/AIDS Subpopulation
- ❑ Total Care for Managed Long Term Care (MLTC) Subpopulation
- ❑ Total Care for Intellectually or Developmentally Disabled (I/DD) Subpopulation

**Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYSDOH DSRIP Website. Published June 2015.*

# Initial VBP Implementation Efforts

The State is providing additional financial incentives and support for early adoption of Value Based Payment through the VBP Pilot Program.

## VBP Pilot Program

The goal of the Pilots is to help the State and its participating organizations learn how VBP transformation will work in practice, as well as to incentivize early adoption of VBP. This is a voluntary, 2- year program. DOH reserves the right to restrict enrollment to those Pilots that it deems to be most relevant.

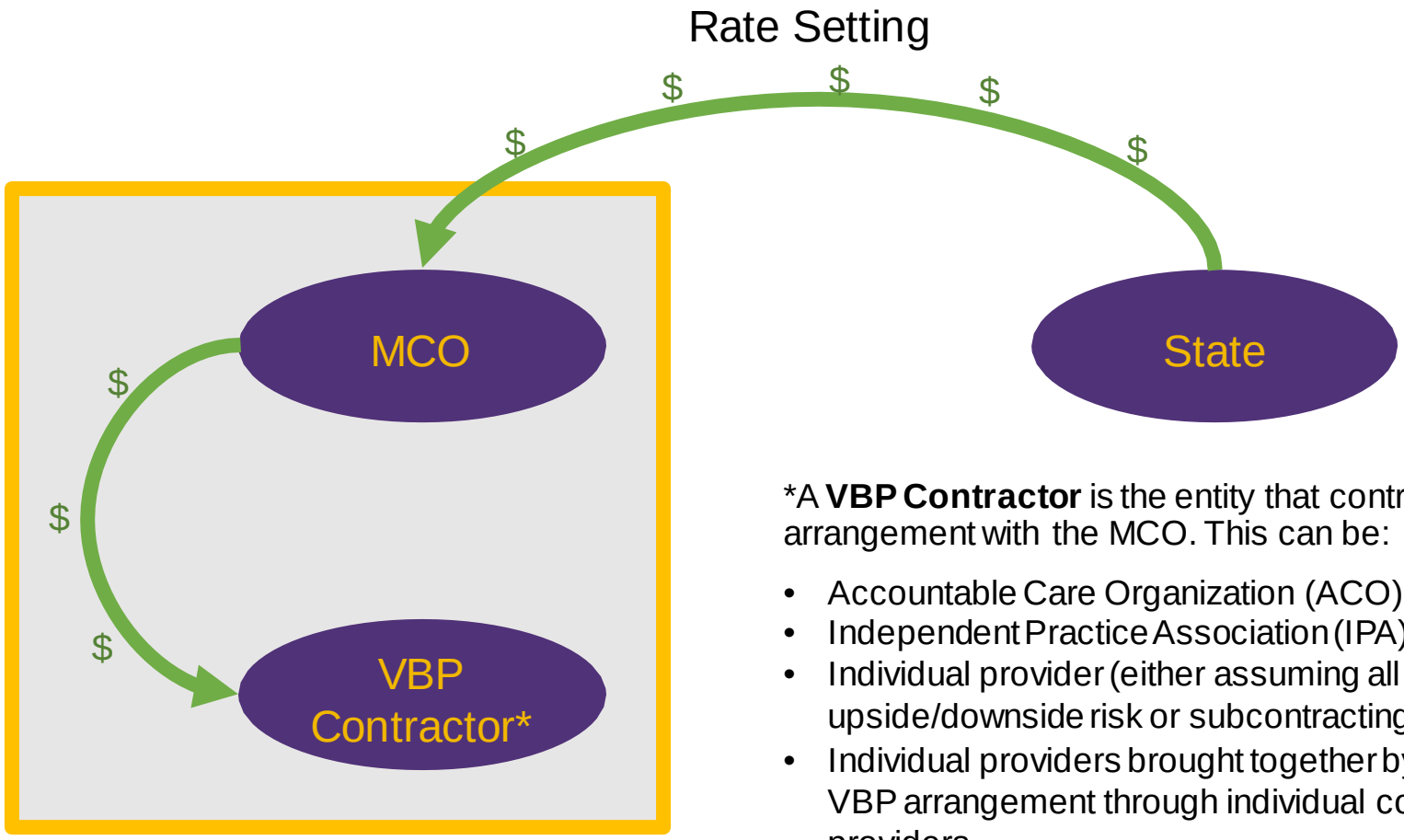
**Pilot participants are required to:**

- ❑ Adopt on-menu VBP arrangements, per NYS VBP Roadmap guidelines.
- ❑ Submit a VBP contract (or contract addendum) by April 14, 2017*, with an effective contract date of no later than January 1 (effective date may be retroactive, for contracts signed between January 1, 2017 and April 14, 2017).
- ❑ Report all Category 1 measures and a minimum of two (2) distinct Category 2 measures for each arrangement being contracted, or have a State and Plan approved alternative.
- ❑ Move to Level 2 VBP arrangements in Year 2 of the Pilot Program. Pilots that are unable to move to Level 2 in Year 2 (April 2018) will be disqualified from the Program.

* New deadline announced March 31, 2017

# VBP Quality Measure Sets

# Today's discussion will focus on the Managed Care Organization (MCO) to VBP Contractor relationship.




**Legend**:
VBP stakeholder
Funds flow

*A **VBP Contractor** is the entity that contracts the VBP arrangement with the MCO. This can be:

- Accountable Care Organization (ACO)
- Independent Practice Association (IPA)
- Individual provider (either assuming all responsibility and upside/downside risk or subcontracting with other providers)
- Individual providers brought together by an MCO to create a VBP arrangement through individual contracts with these providers.

Note: A PPS is not a legal entity and therefore cannot be a VBP Contractor. However, a Performing Provider System (PPS) can form one of the entities above to be considered a VBP Contractor.

# Total Care for Special Needs Subpopulations

*Goal: Improve population health through enhancing the quality care for specific subpopulations that often require highly specific and costly care needs.*

- Subpopulations include:
  - **HIV/AIDS**
  - Health and Recovery Plans (HARP)
  - Managed Long Term Care (MLTC)*
  - Intellectual and Developmental Disabilities (I/DD)*
- All services covered by the associated managed care plans are included, and all members fulfilling the criteria for eligibility to such plans are included.

*In this arrangement the VBP Contractor assumes responsibility for the care of the specific population, where co-morbidity or disability may require specific and costly care needs, so that the majority (or all) of the care is determined by the specific characteristic of these members.*

Total Population

– TCGP

Subpopulations*

* Arrangements are still being developed as of 4/6/17.

# HIV/AIDS Measure Set

- Measures recommended by the HIV/AIDS CAG were aligned with measures included in the NYS DOH portfolio of programs including the Delivery System Reform Incentive Payment (DSRIP) Program, the Quality Improvement Program (QIP), Quality Assurance Reporting Requirements (QARR), and the State's Vital Statistics HIV/AIDS care measures.
- The final HIV/AIDS Category 1 measure set includes a subset of the Integrated Primary Care (IPC) Arrangement Final Measure Set as determined by the State to be relevant to the HIV/AIDS subpopulation.

Clinical Care Delivery and Outcomes Addressed by the HIV/AIDS Measure Set

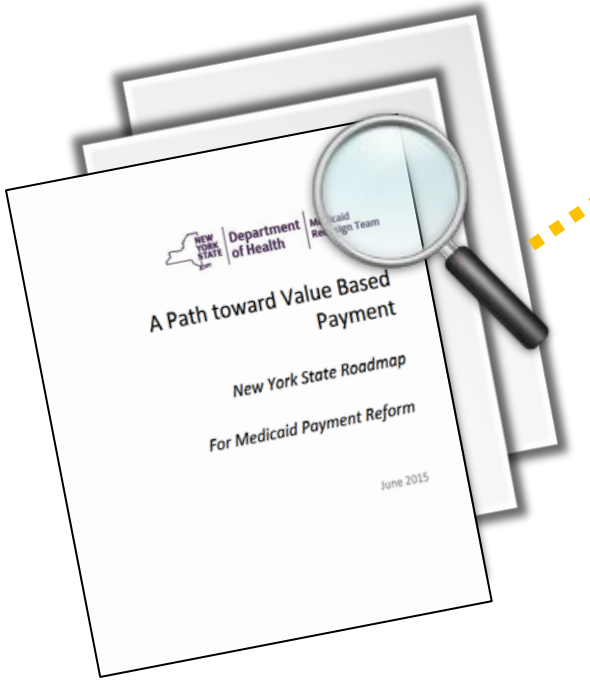
**HIV/AIDS Measures**

**Subset of IPC Measures**

- Prevention & Routine Sick Care
- Physical Health Chronic Conditions
- Behavioral Health Chronic Conditions

# Quality Measures – Process

*"The Category 1 quality measures recommended by each CAG and accepted by the State are to be reported by the VBP contractors. The measures are also intended to be used to determine the amount of shared savings that VBP contractors are eligible for …"* [1]




CAG recommends and VBP WG[2] approves measure categories → State accepts or re-categorizes measures → VBP Contractors report on measures

*Final proposals are presented to the Workgroup for comment following the measure feasibility process.*

[1] VBP Roadmap (June 2016), page 34
[2] WG= Workgroup

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# Measure Feasibility

## Measure Feasibility focused on 9 factors:

- **Specification** – Does the measure have clear specification for data sources and methods for data collection and reporting?
- **Reasonable Cost** – Does the measure impose an inappropriate burden on health care systems?
- **Confidentiality** – Does the data collection violate accepted standards of member confidentiality?
- **Logistical Feasibility** – Is the required data available for the specified reporting source?
- **Auditability** – Is the measure susceptible to manipulation or “gaming” that would be undetectable in an audit?
- **NYS Guidelines** – Does the measure conflict with current accepted NYS guidelines?
- **Duplicate Measures** – Does the measure conflict with, or is a duplicate of, other measures in the same or related set?
- **High Performance** – Has statewide performance already topped out on this measure?
- **Sample Size** – Is there sufficient sample size at the VBP contractor level?

# Category 1 Measures

- Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors.

The State classified each Category 1 measure as P4P or P4R:

***Pay for Performance (P4P)***

- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

***Pay for Reporting (P4R)***

- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.
- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.

- Measures can move from P4R to P4P through the annual CAG and State review process or as determined by the MCO and VBP Contractor.

# Category 2 and 3 Measures

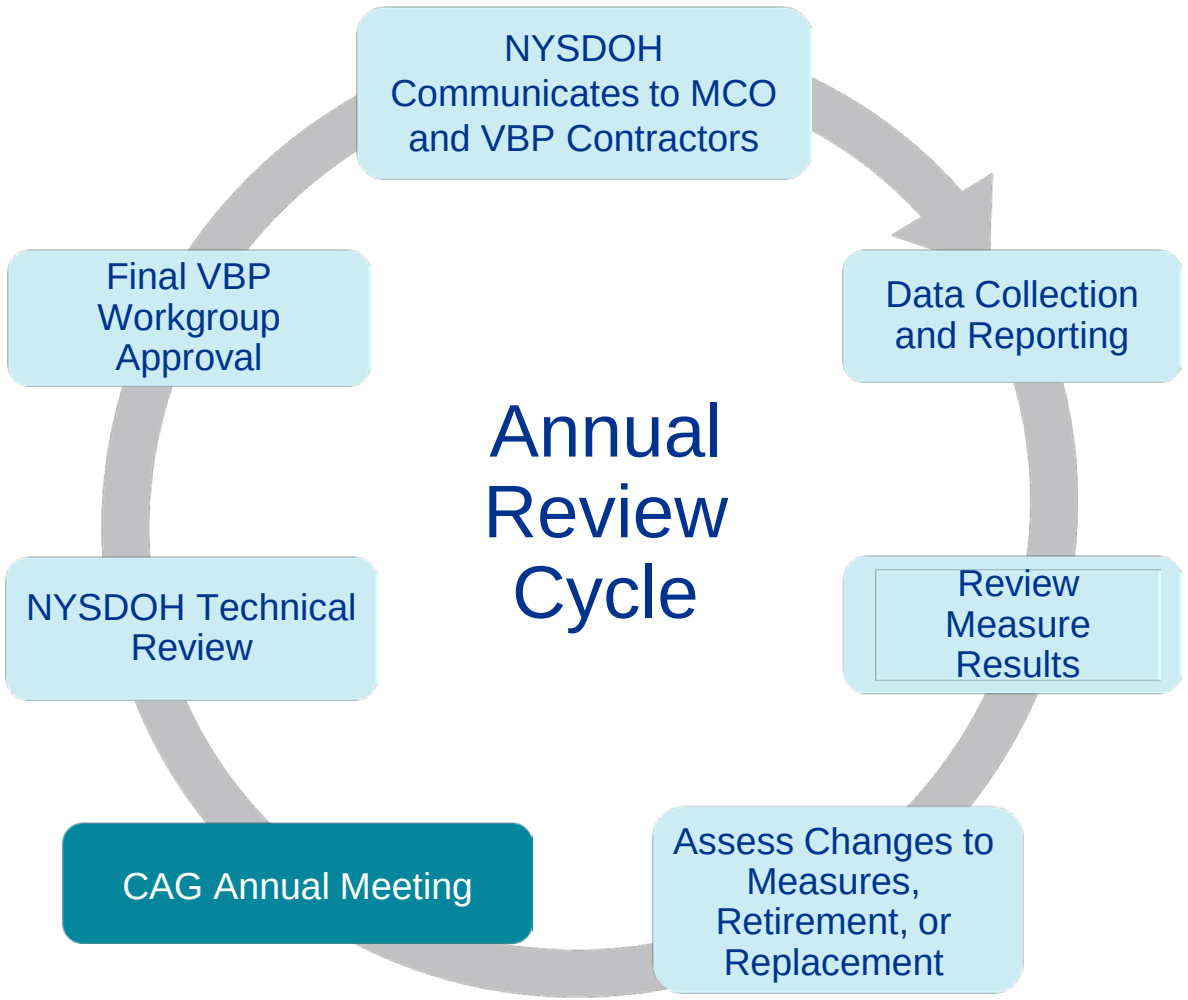
## Category 2

- Category 2 measures have been accepted by the State based on agreement of measure importance, but flagged as presenting concerns regarding implementation feasibility.
- The State requires that VBP Pilots make a good faith effort to explore reporting feasibility for Category 2 measures by including them in their contracting arrangements where possible.
- Plans participating in the Pilot Program should include a minimum of two Category 2 measures per arrangement to report on in their contracting arrangements, or have a State and Plan approved alternative.
- VBP Pilot participants will be expected to share meaningful feedback on the feasibility of Category 2 measures when the CAGs reconvene. The State will discuss measure testing approach, data collection, and reporting requirements with VBP pilots at a future date.

## Category 3

- Category 3 measures were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for the VBP arrangement. These measures will not be tested in pilots or included in VBP at this time.

# VBP Quality Measure Set Annual Review




## Annual Review

*Clinical Advisory Groups* will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Any significant changes in evidence base of underlying measures and/or measurement gaps
- Categorization of measures and make recommended changes

*State Review Panel*

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion*
- Review measures under development to test reliability and validity
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R)

# Value Based Payment Program

## Measurement Year 2017 Quality Measure Sets

The MY 2017 Quality Measure Sets for TCGP/IPC, Maternity, HIV/AIDS and HARP VBP arrangements have been finalized and posted to the NYS DOH VBP website (Link)

# Measurement Year 2017

## HIV / AIDS Measure Classification and Categorization

# HIV/AIDS – Measure Feasibility Summary

The HIV/AIDS measure set will be used in conjunction with the Integrated Primary Care (IPC) measure set

During the September 2016 VBP Workgroup, 10 measures were classified as Category 1 for the HIV/AIDS measure set.

The following proposed changes are based on DOH feasibility review in collaboration with NYS AIDS Institute:

| Measure Disposition | Rationale for Change | Count |
|---|---|---|
| Unchanged | | 2 |
| Remove | Overlap with IPC measure | 1 |
| Move to Category 2 | Feasibility concerns | 1 |
| Move to Category 2 | Sample size issues | 1 |
| Move to Category 3 | Not in alignment with NYS guidelines | 2 |
| Change from P4R to P4P | Gold standard of care, existing measure | 1 |
| Change from P4R to P4P | Feasibility confirmed for use of claims for calculation | 1 |
| Change from P4P to P4R | Suggest further testing before P4P | 1 |
| **Total** | | **10** |

# HIV/AIDS: Final Measure List with Measure Changes

| No. | Measure | State Category | Original | Final | Reasoning for Proposed Modification |
|---|---|---|---|---|---|
| 1 | HIV Viral Load Suppression | 1 | P4R | P4P | Key outcome for HIV/AIDs patient care |
| 2 | Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year | 1 | P4P | P4R | Suggest further testing of grouper before P4P |
| 3 | Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis | 1 | P4R | P4P | Can run measure off of claims data |
| 4 | CD4 Cell Count or Percentage Performed | 3 | P4R | | Not in alignment with NYS guidelines |
| 5 | Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | 3 | P4R | | Included in IPC measure set |
| 6 | Substance Use Screening | 1 | P4R | P4R | |

*Measure numbering is consistent with the March presentation to the VBP workgroup and does not reflect numbering included in the CAG recommendation reports.*

# HIV/AIDS: Final Measure List with Measure Changes (cont.)

| No. | Measure | State Category | Original | Final | Reasoning for Proposed Modification |
|---|---|---|---|---|---|
| 7 | HIV Medical Visit Frequency | 3 | P4P | | Not in alignment with NYS guidelines |
| 8 | Linkage to HIV Medical Care | 1 | P4R | P4R | |
| 9 | Sexual History Taking: Anal, Oral, and Genital | 2 | P4R | P4R | Feasibility concerns |
| 10 | Diabetes Screening | 2 | P4P | P4R | Sample size issues |

*Measure numbering is consistent with the March presentation to the VBP workgroup and does not reflect numbering included in the CAG recommendation reports.*

# Category 2 Measures Not Reviewed by the VBP Workgroup

| Measure | State Category | Original | Final | Reasoning for Proposed Modification |
|---|---|---|---|---|
| Hepatitis C Screening | 2 | P4R | P4R | No change |
| Housing Status | 2 | P4R | P4R | No change |
| Medical Case Management: Care Plan | 2 | P4R | P4R | No change |
| Prescription of HIV Antiretroviral Therapy | 2 | P4R | P4R | No change |

# TCGP/IPC for HIV/AIDS– Measure Feasibility Summary

A subset of IPC measures are recommended for the HIV/AIDS arrangement. From the final recommended IPC measure set, 28 Category 1 and 8 Category 2 IPC measures were assessed for this population*.

The following measures are recommended to **not be included** in the HIV/AIDS measure set:

| Measure | Rationale for removal | Category |
|---|---|---|
| Childhood Immunization Status | Small sample size+ | Cat. 1 |
| Chlamydia Screening for Women | Similar measure already in HIV/AIDS measure set | Cat. 1 |
| Potentially Avoidable Complications in routine sick care or chronic care | There will be a specific HIV/AIDS PAC measure assessed for inclusion in 2018 | Cat. 1 |
| Avoidance of Antibiotic Treatment in adults with acute bronchitis | Measure excludes HIV/AIDS patients in calculation | Cat. 2 |
| Topical Fluoride for Children at Elevated Caries Risk, Dental Services | Small sample size+ | Cat. 2 |

+The pediatric HIV/AIDS population in NYS is very small, therefore these measures cannot be applied to the VBP Contractor level of measurement

*TCGP/IPC measures will be added to the existing HIV/AIDS measure set that was approved by the VBP Workgroup in February 2017. The final recommended IPC measure set contains 29 Category 1 and 8 Category 2 measures. Of these measures, one Category 1 measure is already included in the HIV/AIDS measure set.

# Moving Forward

- 2018 quality measure sets will need to be communicated to wider stakeholder community in October 2017.
- CAGs to be reconvened in the summer to kick off that process.
- More information to come!

# Thank you!

***Please send questions and feedback to:***

**vbp@health.ny.gov**