



**Department
of Health**

Medicaid
Redesign Team

Maternity Clinical Advisory Group

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Office of Health Insurance Programs

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Agenda

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| 1. Welcome and Review of Meeting Objectives | 5 min |
| 2. Background | |
| 2.1 Review Value Based Payment (VBP) Arrangement | 10 min |
| 2.2 VBP Measure Development and Implementation Timeline | 15 min |
| 3. Review Quality Measure Set and Identify Gaps | |
| 3.1 Intro: Priority Clinical and Care Delivery Goals | 5 min |
| 3.2 Confirm Priority Goals and Opportunities for Improvement | 20 min |
| 3.3 Identify Gap Areas: Addition/Modification of Goals | 20 min |
| 4. Wrap-Up | 15 min |
| 4.1 Final Thoughts / Next Steps | |

Part 1

Review of Meeting Objectives

Review of Meeting Objectives

Objectives:

- Review work to date and current state
- Understand the new role of the Clinical Advisory Groups (CAGs) in charting the course for VBP quality measurement beyond 2017
- Identify Gaps in VBP Quality Measurement Program

Part 2

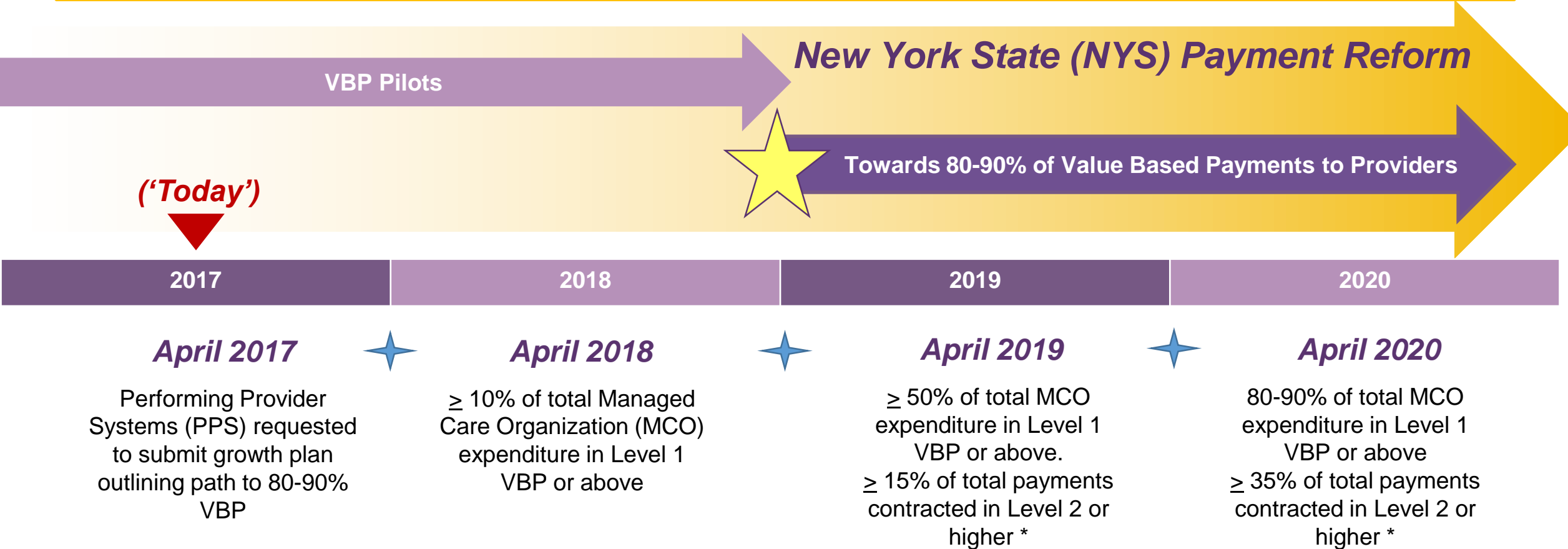
Background

2.1 VBP Arrangement Review

- VBP program timeline and progress to date with Pilots
- High-level review of the arrangement

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.



* For goals relating to VBP level 2 and higher, calculation excludes partial capitation plans such as MLTC from this minimum target.

An Overview of the VBP Pilot Program

Effective January 1, 2017 through December 31, 2018, the two year VBP Pilot Program is intended to support the transition to VBP, establishing best practices and sharing lessons learned.

Arrangement	Provider	Managed Care Organization	VBP Level (Year 1)
HARP	Maimonides Medical Center	Healthfirst PHSP, Inc.	1
	Mount Sinai Health Partners	Healthfirst PHSP, Inc.	1
IPC	Community Health IPA	Affinity Health Plan, Inc.	1
	Hudson Headwaters Health Network	New York State Catholic Health Plan, Inc.	1
TCGP	Greater Buffalo United ACO	Yourcare Health Plan, Inc.	1
	Somos Your Health IPA	Affinity Health Plan, Inc.	2
	Somos Your Health IPA	HealthPlus HP, LLC	2
	Somos Your Health IPA	New York State Catholic Health Plan, Inc.	2
	Somos Your Health IPA	Healthfirst PHSP, Inc.	2
	Somos Your Health IPA	United Healthcare of New York, Inc.	2
	Somos Your Health IPA	Wellcare of New York, Inc.	2
	St. Joseph's Hospital Health Center	New York State Catholic Health Plan, Inc.	1
	St. Joseph's Hospital Health Center	Molina Healthcare of New York, Inc.	1

Review of the Episode Based Maternity Arrangement

The Maternity Care Arrangement creates a comprehensive, integrated view of maternity care, from “womb to crib”, through three, distinct components of care. Each component of the Arrangement consists of episode(s) of care, or groups of clinically related services provided by physicians, midwives and ancillary providers delivering care to the mother and newborn across all settings of care during a defined period of time.

Prenatal Care Component

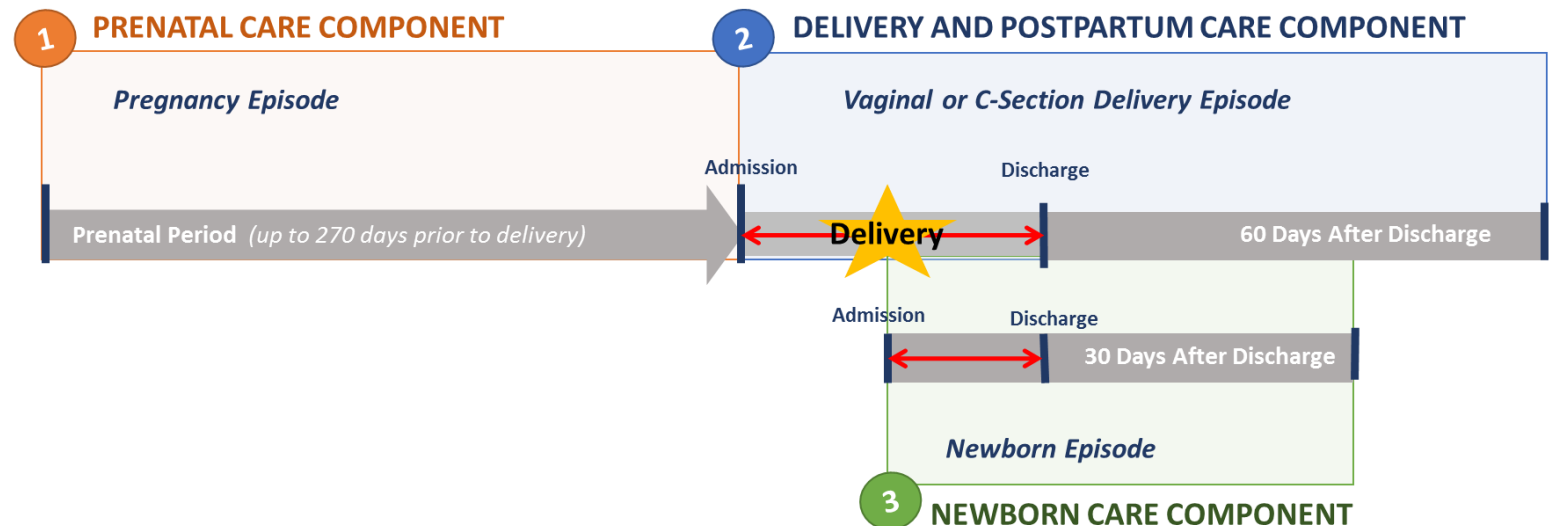
Includes all services associated with pregnancy care, such as prenatal care and visits, lab tests, medication, ultrasound, etc.

Delivery and Postpartum Care Component

Includes all services associated with the delivery, whether vaginal or cesarean section, up to 60 days post-discharge for the mother. Services such as facility costs, professional services, and any associated complications for mother are included.

Newborn Care Component

Includes all services associated with the newborn’s care up to 30 days post-discharge.



High-Cost NICU Care and the Maternity Arrangement

- Original intent: exclude high-cost (Level 4) Neonatal Intensive Care Unit (NICU) cases from the Maternity Arrangement* to avoid unacceptable insurance risk for Maternity Care Contractors. Concerns identified with this approach:
 - Analysis shows existence of significant inconsistencies in coding across providers.

Revenue Code	Revenue Code Description	# Unique Beneficiaries
0170	General Nursery	43,620
0171	Nursery Level 1	165,997
0172	Nursery Level 2	3,525
0173	Nursery Level 3	2,840
0174	Nursery Level 4	21,651
0179	Other Nursery	6

- The State recommends: (1) Maternity episodes to include all levels of NICU care, and (2) appropriate stop-loss provision in contracts to be negotiated between VBP Contractor and MCO.

*Maternity Care Arrangement targets Medicaid members and includes three components: Pregnancy, Delivery and Postpartum Care, and Newborn Care. These three Components, along with the underlying services, provide a summary of care delivery from the onset of pregnancy to 60 days after discharge of the mother as well as 30 days after discharge of the newborn.

2017 Maternity Care Arrangement Measure Set

- The Maternity Care Value Based Payment Quality Measure Set for Measurement Year 2017 is intended to encourage providers to meet high standards of patient-centered, clinical care and coordination across multiple settings through pregnancy, delivery and postpartum periods, and newborn care from birth to the first 30 days post-discharge.
- The Measure Set has been made available to providers and MCOs contracting the Maternity Care Arrangement and are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible and to monitor quality of care delivered to members under the VBP contract.¹
- Category 1 quality measures, as identified by the Maternity CAG and accepted by the State, are to be reported by VBP Contractors.

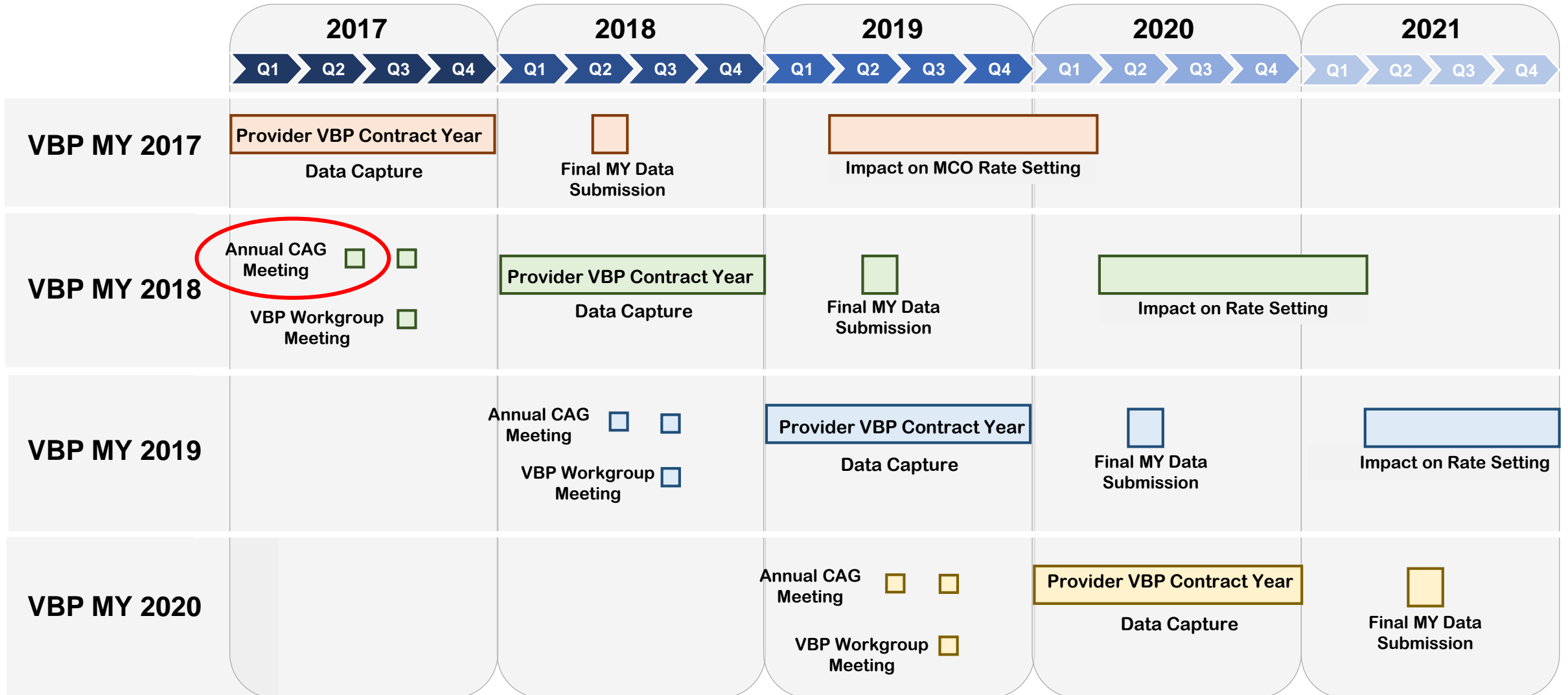
Access the complete **Maternity Care Value Based Payment Quality Measure Set** on the VBP Resource Library!

The screenshot displays the Department of Health website's DSRIP - Value Based Payment (VBP) Resource Library. The page features a navigation menu with options like 'Home', 'CMS Official Documents', 'FAQs', 'Medicaid Analytics Performance', 'Performance Data', 'Participating Provider Systems (PPS)', 'Value Based Payment Reform (VBP)', 'Visit Access Provider Assurance Program', 'Managed Long Term Care Workforce Placement Program', 'Webinars & Presentations', 'Archives', 'Contact', and 'Follow Us'. A search bar is also present. The main content area lists various VBP resources, including 'VBP Baseline Survey', 'VBP Webinars', 'VBP Roadmap', 'VBP Workgroup', 'VBP Bootcamps', 'VBP Clinical Advisory Groups', 'VBP Quality Measures', 'VBP Pilots', 'VBP Subcommittees', 'VBP Program Integrity and Patient Confid', and 'VBP Innovator Program'. A callout box highlights the 'Maternity Care Value Based Payment Quality Measure Set' for Measurement Year 2017, updated on March 21, 2017.

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm

¹ New York State Department of Health, Medicaid Redesign Team, *A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform, June 2016.* ([Link](#))

VBP Contracting, Measure Implementation and Reporting Timeline



2.2 VBP Measure Development and Implementation Timeline

- VBP Measure Development, Implementation and Reporting: Stakeholders and Timeline
- Role of the CAGs: Then and Now
- VBP Annual Measure Update Cycle

VBP Measure Set Development: *Crawl, Walk, Run!*



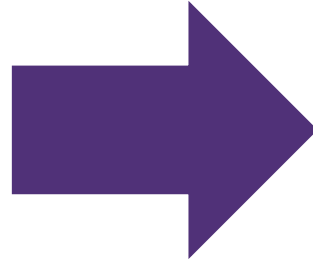
Status in VBP	<ul style="list-style-type: none"> • Several measures require final specifications and/or clinical or other data elements 	<ul style="list-style-type: none"> • Work with measure stewards to develop and finalize specifications 	<ul style="list-style-type: none"> • Fully developed VBP measures included in Measurement Years 2018 and 2019
Data Availability and Sources	<ul style="list-style-type: none"> • Assess data availability • Identify and investigate potential data sources • Survey technological capabilities 	<ul style="list-style-type: none"> • Implement new data and reporting flows • Develop additional data sources 	<ul style="list-style-type: none"> • Coordination established with Qualified Entities (QEs) for clinical data integration
Data Collection and Infrastructure	<ul style="list-style-type: none"> • Gather requirements for data collection • Begin developing infrastructure to support new data sources 	<ul style="list-style-type: none"> • Initiate testing and evaluation of data collection methodologies • Work closely with technology vendors 	<ul style="list-style-type: none"> • Data and reporting flows have been established • New data source infrastructure established

Note: Timelines will vary. The intent is to make substantive contributions within each phase to help realize NYS VBP Roadmap goals.

The Role of the CAGs: Then and Now

Recommendations for the Initial Measure Sets

The **VBP CAGs** and subcommittees were created to address the larger VBP design questions. Their charge was 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.



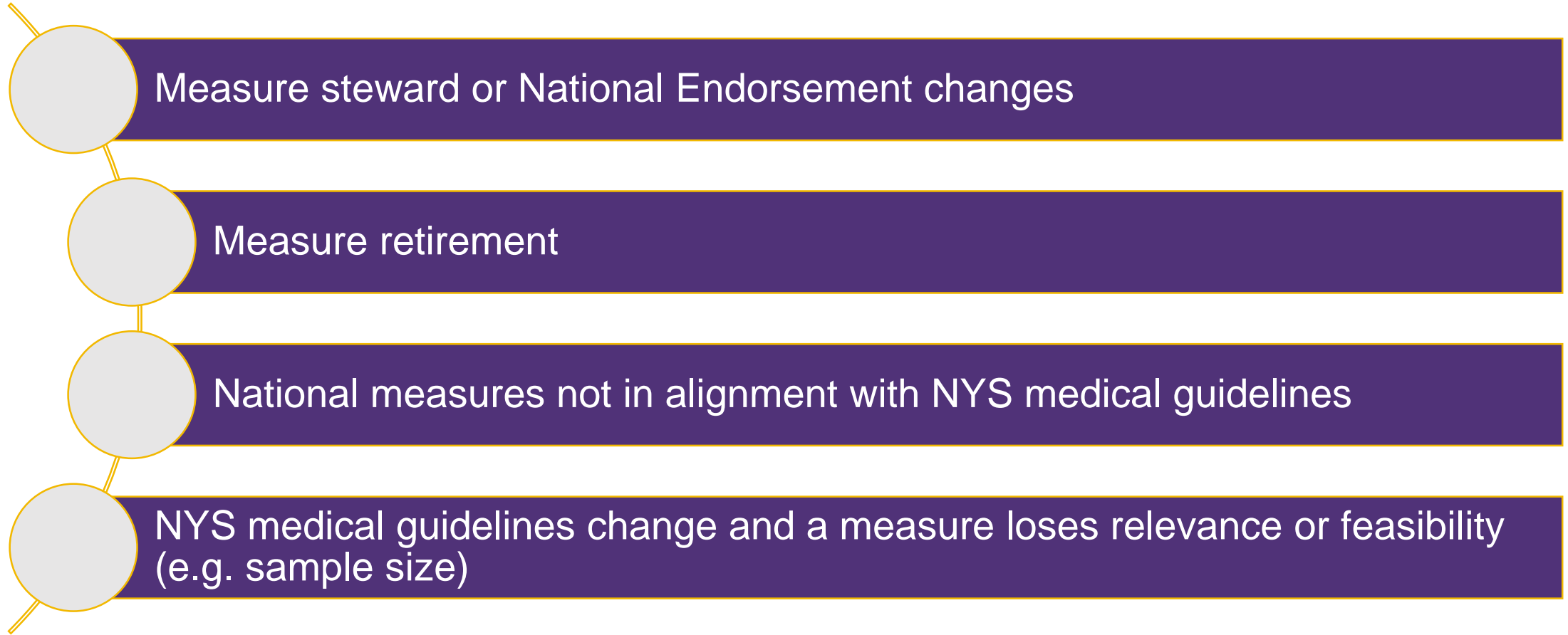
Identification of VBP Measurement Targets and Gaps

The CAG will focus its activities on refining the priority clinical and care delivery goals for the Maternity Care Arrangement and providing recommendations, on an annual basis, to revise, strengthen, and improve the priority goals that will serve as the guide for long-term VBP Measure Set strategy, development and implementation.

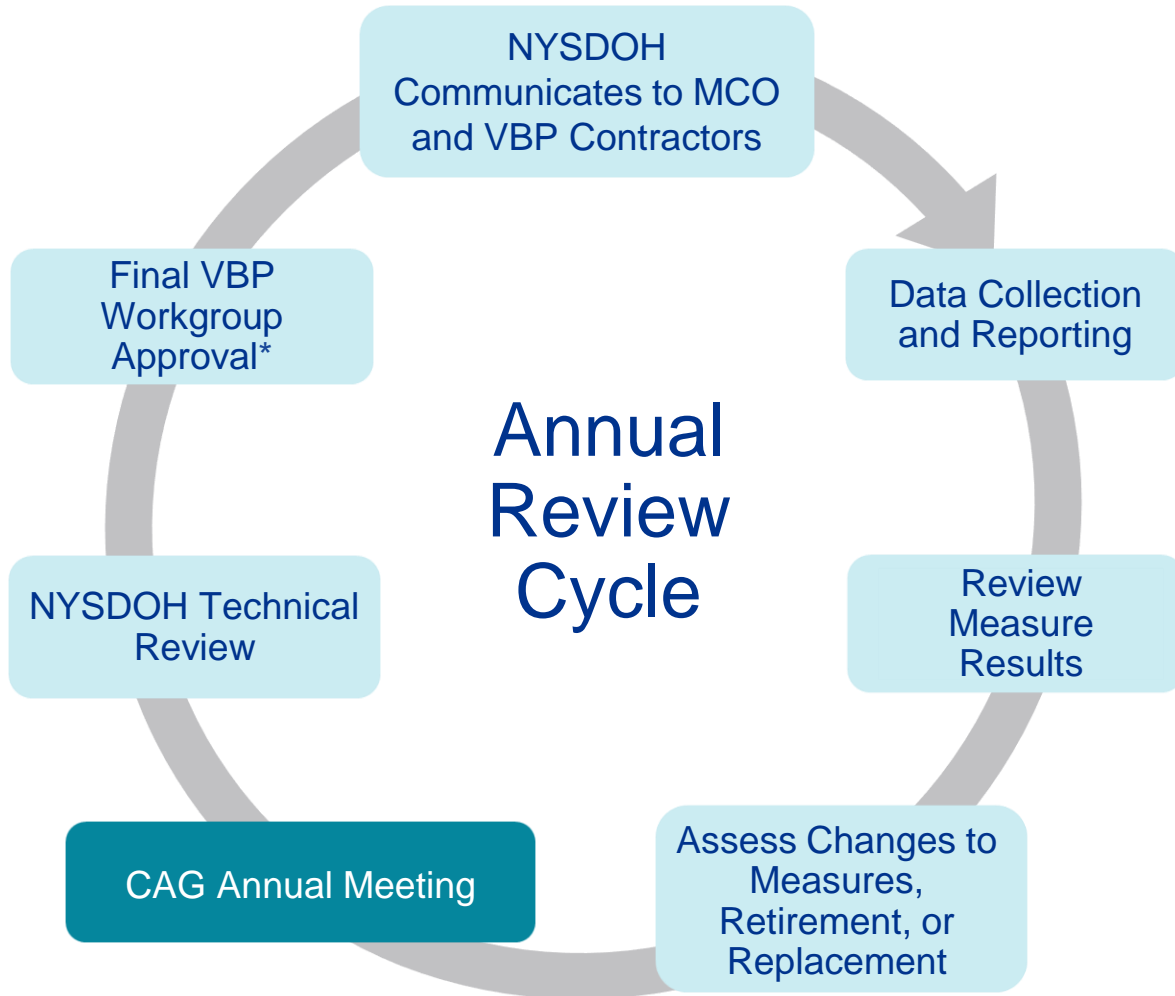
The CAG will meet each year to review, identify, and fill critical gaps in the clinical and care delivery goals specific to the Medicaid population. The focus will be on significant changes in the evidence base and clinical guidelines along with opportunities for improvement identified through experience in clinical practice and feedback from MCOs and VBP contractors.

Annual Measure Maintenance

Measures are assessed for various changes to their status



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 conceptual gaps in the measurement program

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)

* Final Workgroup approval will occur annually in September

Part 3

Review of the Arrangement Measure Set and Identification of Measure Gaps

3.1 Priority Clinical and Care Delivery Goals

Introduction to Priority Clinical and Care Delivery Goals and Gap Identification

Introduction: Priority Clinical and Care Delivery Goals and Gap Identification

- The initial set of Priority Clinical and Care Delivery Goals for the Maternity Care Arrangement are based on the review of CAG Categorization and Discussion of Measures table published in the Maternity Care CAG Final Report.
 - Measures reviewed by the CAG were first categorized based on the phase of maternity care addressed by the measure, and then associated with a clinical or care delivery goal based on the measure detail **and** the purpose or intent for use extracted from the discussion notes column.
- Goals are broad-based aims that promote optimal patient outcomes through the delivery of safe, effective, and efficient evidence-based care delivery.
- Goal setting for the Maternity Care Arrangement will establish clear clinical and care delivery targets and will provide strategic direction for the State to consider in the development of a multi-year strategy and plan for the development and implementation of a high-value and responsive Measure Set for the Maternity Care Arrangement.

3.2 Confirm Priority Clinical and Care Delivery Goals

Confirm Clinical Priorities and Opportunities for Improvement within the Arrangement.

Priority Clinical and Care Delivery Goals Identified by the CAG

Phase of Care	Priority Clinical and Care Delivery Goals	
1) Antenatal (prenatal) Care	<ul style="list-style-type: none"> • Reduce Maternal Health Risk • Early Intervention to Reduce the Risk of Preterm Labor and Related Complications 	<ul style="list-style-type: none"> • Access to Antenatal Care • Patient Experience of Care
2) Labor and Delivery	<ul style="list-style-type: none"> • Full Term Pregnancy • Healthcare Associated Infection Prevention • Obstetric Trauma • Prevention of Surgical Complications 	<ul style="list-style-type: none"> • Prevention of Neonatal Infection • Appropriate Use of Clinical Services/Procedures • Access to Risk-Appropriate Care • Outcomes of Maternity Care
3) Postpartum Care	<ul style="list-style-type: none"> • Access to Care • Postpartum Maternal Health Assessment • Breast Feeding Support 	<ul style="list-style-type: none"> • Family Planning Services
4) Newborn Care	<ul style="list-style-type: none"> • Prevention of Neonatal Infection 	<ul style="list-style-type: none"> • Appropriate Use of Clinical Services/Procedures

3.3 Identify Gap Areas: Addition/ Modification of Goals

1) Antenatal (Prenatal) Care

Phase	Clinical and Care Delivery Goals	Maternity Arrangement Measure Set <i>(Category 1 and 2 Measures)</i>	Additional Subgoals
1) Antenatal Care	Reduce Maternal Health Risk	<ul style="list-style-type: none"> Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan 	
	Early Intervention to Reduce the Risk of Preterm Labor and Related Complications	<ul style="list-style-type: none"> Antenatal Hydroxyprogesterone Antenatal Steroids 	
	Access to Antenatal Care	<ul style="list-style-type: none"> ^ Frequency of Ongoing Prenatal Care⁺ Prenatal & Postpartum Care (PPC) — Timeliness of Prenatal Care & Postpartum Visits⁺ 	*Testing for Genetic Disorders?
	Patient Experience of Care	<ul style="list-style-type: none"> Experience of Mother With Pregnancy Care 	

* The American College of Obstetricians and Gynecologists, 2016 *Practice Bulletin No. 162: Prenatal Diagnostic Testing for Genetic Disorders* ([Link](#))

+ NQF endorsement removed. National Quality Forum Perinatal and Reproductive Health 2015-2016, FINAL REPORT. December 16, 2016 ([Link](#))

^ Category 1 measures

2) Labor and Delivery

Phase	Clinical and Care Delivery Goals	Maternity Arrangement Measure Set <i>(Category 1 and 2 Measures)</i>	Additional Subgoals
2) Labor and Delivery	Full Term Pregnancy	<ul style="list-style-type: none"> • [^] Percentage of Preterm Births 	
	Healthcare Associated Infection Prevention	—	
	Reduction of Obstetric Trauma	—	
	Prevention of Neonatal Infection	<ul style="list-style-type: none"> • <i>Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)</i> 	
	Appropriate Use of Clinical Services/Procedures Performed in Labor and Delivery	<ul style="list-style-type: none"> • [^] Incidence of Episiotomy • [^] C-Section for Nulliparous Singleton Term Vertex (NSTV) 	*New recommendations to consider?
	Access to Risk-Appropriate Care	—	
	Prevention of Surgical Complications	<ul style="list-style-type: none"> • <i>Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery</i> 	
	Outcomes of Maternity Care	<ul style="list-style-type: none"> • [^] Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)] • <i>Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated</i> 	

* 2017 Committee on Obstetric Practice Opinion: *Approaches to Limit Intervention During Labor and Birth impact* ([Link](#))

[^] Category 1 measures

3) Postpartum Health Care

Phase	Clinical and Care Delivery Goals	Maternity Arrangement Measure Set <i>(Category 1 and 2 Measures)</i>	Additional Subgoals
3) Postpartum Health Care	Access to Postpartum Care	<ul style="list-style-type: none"> • <i>^ Prenatal & Postpartum Care (PPC) — Timeliness of Prenatal Care & Postpartum Visits</i> 	
	Breast Feeding Support	<ul style="list-style-type: none"> • <i>^ Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay</i> 	
	Postpartum Maternal Health Assessment	<ul style="list-style-type: none"> • <i>Postpartum Blood Pressure Monitoring</i> • <i>^ Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</i> 	
	Family Planning Services	<ul style="list-style-type: none"> • <i>^ Long-Acting Reversible Contraception (LARC) Uptake</i> 	

^ Category 1 measures

4) Newborn Care

Phase	Clinical and Care Delivery Goals	Maternity Arrangement Measure Set <i>(Category 1 and 2 Measures)</i>	Additional Subgoals
4) Newborn Care	Prevention of Neonatal Infection	<ul style="list-style-type: none"> <i>Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Discharge</i> 	
	Appropriate Use of Clinical Services/Procedures	<ul style="list-style-type: none"> <i>Monitoring and Reporting of NICU Referral Rates</i> 	

Worksheet: Recommendation of Additional Priority Goals

Phase	Clinical and Care Delivery Goals	Description	Additional Subgoals
1) Antenatal Care	<i>Suggested Priority Goal 1</i>	<i>Description</i>	<i>(No Subgoals)</i>
	<i>Suggested Priority Goal 2</i>	<i>Description</i>	<ul style="list-style-type: none"> • <i>Subgoal 1</i> • <i>Subgoal 2</i>
2) Labor and Delivery			
3) Postpartum Health Care			
4) Newborn Care			

Instructions on how to submit additional recommendations will be sent to the CAG members following this meeting.

Part 4

Wrap-Up

4.1 Final Thoughts and Next Steps

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov

Appendix

Maternity Arrangement Category 1 Measures

Measure	Measure Steward	Measure Identifier	Classification
C-Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission (TJC)	NQF 0471	P4R
Frequency of Ongoing Prenatal Care	National Committee for Quality Assurance (NCQA)	-	P4P
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	P4R
Long-Acting Reversible Contraception (LARC) Uptake ²	United States Office of Population Affairs	NQF 2902	P4R
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Agency for Healthcare Research and Quality (AHRQ)	PQI 9	P4R
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	NQF 0480	P4R
Percentage of preterm births	NYS Department of Health (DOH)	-	P4R
Prenatal & Postpartum Care (PPC)— Timeliness of Prenatal Care & Postpartum Visits	NCQA	-	P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Centers for Medicare and Medicaid Services (CMS)	NQF 0418	P4R

² Long-Acting Reversible Contraception (LARC) Uptake is a two-part measure. The State recommends the Contraceptive Care - Postpartum measure be used.

Maternity Arrangement Category 2 Measures

Measure	Measure Steward	Measure Identifier
Antenatal Hydroxyprogesterone	New Measure	-
Antenatal Steroids	TJC	NQF 0476
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473
Experience of Mother With Pregnancy Care	New Measure	-
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Discharge	Centers for Disease Control and Prevention (CDC)	NQF 0475
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Massachusetts General Hospital	NQF 1746
Monitoring and reporting of NICU referral rates	New Measure	-
Postpartum Blood Pressure Monitoring	New Measure	-
Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated	AHRQ	IQI 22