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Maternity Care

Clinical Advisory Group (CAG) Meeting

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Summer 2019

Agenda

1. **Introductions and Roll Call** — **10 minutes**
2. **VBP Transformation Timeline** — **10 minutes**
   - Impact on Providers
3. **Proposed VBP Roadmap Changes** — **10 minutes**
   - Impact on Providers
   - New Measure requirements – Oct 2019
4. **Total Care for the General Population & Pregnant Women** — **15 minutes**
   - Impact on Providers
5. **National Quality Measure Updates** — **5 minutes**
6. **Proposed 2020 Maternity Care Measure Set** — **5 minutes**
7. **Summary and Next Steps** — **5 minutes**

Section 1: Introduction

Roll Call

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Section 2: VBP Transformation Timeline

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VBP: Timeline and Key Milestones

April 2017

Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP

April 2018

≥ 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above

April 2019

≥ 50% of total MCO expenditure in Level 1 VBP or above.
≥ 15% of total payments contracted in Level 2 or higher *

April 2020

80% of total MCO expenditure in Level 1 VBP or above
≥ 35% of total payments contracted in Level 2 or higher *

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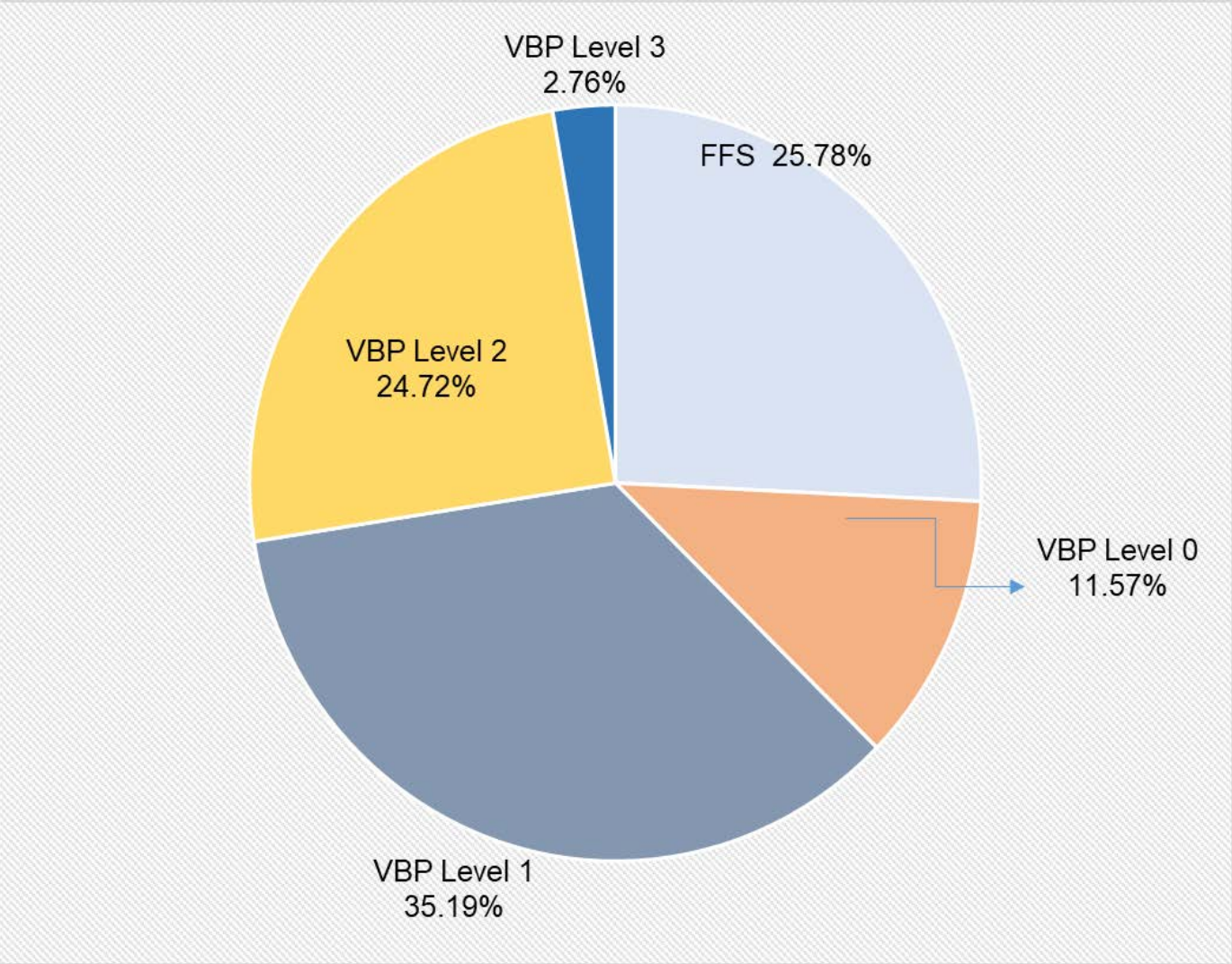
Key Aspects of VBP Arrangements

VBP contracts are defined by a common set of core components:

- Arrangement Type
- Level of Risk
- Quality Measures
- Social Determinants of Health Intervention
- Attribution Methodology & Member Volume
- Target Budget Setting and Shared Savings/Risk

VBP: Current Status as of December 2018



- $13.9 Billion in VBP Arrangements
- 62.6 percent of expenditures in Level 1 or Higher

* Total Medical Expenses for period 4/1/18- 12/31/18
* Reflects exclusions specified in the Roadmap associated with e.g., Financially Challenged Providers; High Cost Specialty Drugs, Transplant Drugs, Certain Emergency services as well as the spending for various Supplemental programs (i.e., QIP, EIP, EPP, AHPP).

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VBP Contracting

- Fast and broad, but not deep
- Contracting methodology that is familiar
- Total cost of care is easiest way to get all expenditures counted toward VBP
- DSRIP 2.0

Section 3: Proposed VBP Roadmap Changes

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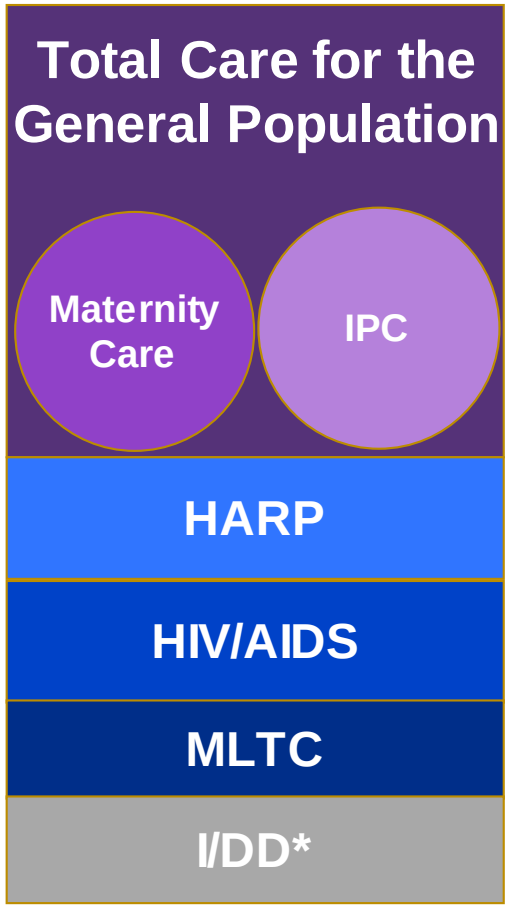
VBP Arrangement Types

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC; may or may not include HARP, HIV/AIDS, and I/DD* populations.
- **Episodes of Care**
  - **Maternity Care:** Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for the mother
  - **Integrated Primary Care (IPC)** All costs and outcomes associated with primary care, sick care, and a set of 14 chronic conditions selected due to high volume and/or costs.
- Total Care for Special Populations: Costs and outcomes of total care for all members within a population exclusive of TCGP.
  - **Health and Recovery Plans (HARP):** For those with Serious Mental Illness or Substance Use Disorders
  - **HIV/AIDS**
  - **Managed Long Term Care (MLTC)**
  - **I/DD***



VBP Contractors can contract TCGP, as well as for special populations, as appropriate; nothing mandates that the Roadmap-defined arrangement types must be handled in standalone contracts.

*Total Care for the Intellectually/Developmentally Disabled (I/DD) population will become available as an arrangement as the population moves to managed care.

Roadmap Requirements for 2019 - Quality Measures

- Mainstream Managed Care Organizations (MCOs) (excludes MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must base shared savings and risk distribution on quality measures that include at least one, Category 1 P4P measure from each of the following domains:

    I. Primary Care
    II. Maternity Care
    III. Mental Health
    IV. Substance Use Disorder
    V. HIV/AIDS
    VI. Children's

- All new contracts submitted on or after October 1st, 2019 must meet this requirement.
- All other existing contracts must be updated to meet this requirement by July 2020.

*If a VBP contractor & MCO are contracting for an episode-based Maternity Care arrangement explicitly carving them out of the TCGP arrangement, then the TCGP contract does not need to include the measure(s) for the respective population, since these measures would be incorporated in the Maternity Care arrangement.

Section 4: Total Care for the General Population VBP Arrangement

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Impact for Providers

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC members.
    - May or may not include HARP, HIV/AIDS, and I/DD populations.

- **Includes Pregnant Women**, unless separately contracting Maternity Care Episode
    - Attribution is based on Primary Care Practitioner, not OB/GYN Practitioner as in Maternity Care episode
    - New VBP Roadmap language will require a Category 1 P4P Maternity Care measure.

Considerations for Providers

- Is your organization contracting a Total Cost of Care arrangement for the Medicaid population with any Plan?
- If so, with how many Medicaid Managed Care Plans?
- What measures will be selected for Payment/Shared Savings based on new Roadmap requirements?
- Maternity Care providers will want to be aware/make sure thata Maternity measure is included and work with PCPs.

Current Reality vs Future State

- GO DEEP!
- Anticipate we will see contracting more of episode -based and special population arrangements in the future
- Growing interest in Maternity Care arrangement
- NY ranked 30th in 2016 and 22nd (combined years 2012- 2016) in Maternal Mortality and 10th in Neonatal Mortality

Healthcare Transformation Taskforce (HCTTF)

- Coalition of payers and providers committed to embracing value based models.
- Recent Report released: *"Expanding Access to Outcomes-Driven Maternity Care through Value-Based Payment."*
- Reviewed promising "outcomes-driven maternity payment models" that address the shortcomings of the current Fee-for-service structure.

"HCTTF LOGO"

Health Affairs Blog:
https://www.healthaffairs.org/do/10.1377/hblog20190711.816632/full/

3 Main Options for Fee Structure in Maternity Care (HCTTF)

Adjust the Perinatal fee schedules to include coverage for certified nurse midwives, birthing centers, and perinatal support services e.g. doulas, nurse home visits, proven interventions that are low-cost and improve maternal health outcomes.

Increase value-based maternity payments that link reimbursement to maternal outcomes, and explore opportunities to reduce unnecessary c-sections performed on low-risk births.

Strive to develop comprehensive payments for mother & newborn dyad, linking reimbursement for maternal and infant quality outcomes and total cost. Payment reform to drive quality improvement change.

Health Affairs Blog:
https://www.healthaffairs.org/do/10.1377/hblog20190711.816632/full/

Quality Measure Categorization

- Category 1 and 2 quality measures are recommended by the Clinical Advisory Groups (CAGs), accepted by the State, and approved by the VBP Workgroup.

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.

- Category 2 measures are P4R and are not required to be reported.

TCGP Quality Measure Domains

Maternity Measures ~ *Category 1*

If including pregnant women in your Total Care for General Population arrangement , you must choose 1 Category 1 P4P measure from the Maternity Care domain:			
Measure Name	**Measure Steward**	**Measure Identifier**	**Classification**
Prenatal and Postpartum Care (PPC)*	NCQA		P4P

*HEDIS© 2020 Volume 2 – Technical Specifications for Health Plans

Prenatal Care

- The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

    - ***Timeliness of Prenatal Care*** - The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Denominator	The eligible population
Numerator	A prenatal visit during the first trimester, on or before the enrollment start date or within 42 days of enrollment, depending on the date of enrollment in the organization and the gaps in enrollment during the pregnancy.

- Identify prenatal visits that occurred during the required timeframe. Any of the following, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP, meet criteria for a prenatal visit:
    - A bundled service (Prenatal Bundled Services Value Set) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated).
    - A visit for prenatal care (Stand Alone Prenatal Visits Value Set).
    - A prenatal visit (Prenatal Visits Value Set) ***with*** a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set).

Postpartum Care

- The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

    - ***Postpartum Care*** - The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. *[**Previously** only postpartum visits on or between 21 and 56 days after delivery counted as numerator compliant.]*

Denominator The eligible population

Numerator A postpartum visit on or between 7 and 84 days after delivery. Any of the following meet criteria:

- A postpartum visit (Postpartum Visits Value Set).
- Cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set).
- A bundled service (Postpartum Bundled Services Value Set) where the organization can identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered).
- Exclude services provided in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set).

Section 5: National Quality Measure Updates

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NCQA HEDIS® 2020 New Measures

- **Changes to Existing Measures**
  - Postpartum Care
- **New Measures**
  - Prenatal Depression Screening and Follow-up
  - Postpartum Depression Screening and Follow -up

Prenatal Depression Screening and Follow-up (PND)

Assesses whether women were screened for clinical depression during pregnancy, and whether those who screened positive received follow up.

1. ***Depression screening***: The percentage of deliveries in which women were screened for clinical depression using a standardized tool during pregnancy.

Denominator 1	The initial population, minus exclusions.
Numerator 1	Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy.

2. ***Follow-up on positive screen***: The percentage of deliveries in which pregnant women received follow-up care within 30 days of screening positive for depression.

Denominator 2	All deliveries from Numerator 1 with a positive finding for depression during pregnancy.
Numerator 2	Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Postpartum Depression Screening and Follow-up (PDS)

Assesses whether women were screened for clinical depression within 12 weeks post-delivery, and whether those who screened positive received follow-up.

1. ***Depression screening:*** The percentage of deliveries in which women were screened for clinical depression using a standardized tool within 12 weeks (84 days) post-delivery.

Denominator 1	The initial population, minus exclusions.
Numerator 1	Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during the 84-day period following the date of delivery.

2. ***Follow-up on positive screen***: The percentage of deliveries in which postpartum women received follow-up care within 30 days of screening positive for depression.

Denominator 2	All deliveries from Numerator 1 with a positive finding for depression during the 84-day period following the date of delivery.
Numerator 2	Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Section 6: Proposed 2020 Maternity Care Measure Set

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2020 Maternity Care Measure Set ~ *Category 1*

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Contraceptive Care - Postpartum	United States Office of Population Affairs	NQF 2902	Cat 1 P4R
C-Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission (TJC)	NQF 0471	Cat 1 P4R
Exclusive Breast Milk Feeding	TJC	NQF 0480	Cat 1 P4R
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	Cat 1 P4R
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	National Committee for Quality Assurance (NCQA)	NQF 0004	Cat 1 P4P
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Agency for Healthcare Research and Quality (AHRQ)	NQF 0278 (lost endorsement)	Cat 1 P4R
Percentage of Preterm Births	NYS	-	Cat 1 P4R
Prenatal and Postpartum Care	NCQA	NQF 1517 (lost endorsement)	Cat 1 P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	NQF 0418	Cat 1 P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	American Medical Association Physician Consortium for Performance Improvement	NQF 0028	Cat 1 P4R

Acronyms: NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting

2020 Maternity Care Measure Set ~ *Category 2*

Maternity Care Measures	Measure Steward	Measure Identifier	Classification
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	-	Cat 2 P4R
Antenatal Steroids	TJC	NQF 0476	Cat 2 P4R
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America (HCA)	NQF 0473	Cat 2 P4R
Experience of Mother with Pregnancy Care	-	-	Cat 2 P4R
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	Centers for Disease Control (CDC)	NQF 0475	Cat 2 P4R
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus	Massachusetts General Hospital	NQF 1746	Cat 2 P4R
Prenatal Depression Screening and Follow-Up	NCQA	-	Cat 2 P4R
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle		Cat 2 P4R
Postpartum Depression Screening and Follow-up	NCQA		Cat 2 P4R
Vaginal Births after Cesarean Section	NYS	-	Cat 2 P4R

Acronyms: *TJC: The Joint Commission, NCQA: National Committee for Quality Assurance, P4P = Payment for Performance; P4R = Payment for Reporting;*
Red: Indicates proposed change to measure

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Section 7: Summary and Next Steps

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Summary

- Most arrangements being contracted are total cost of care arrangements (Total Care for the General Population) and include pregnant women.

- Starting October 1, 2019 DOH will expect to see a Category 1 P4P Maternity Care measure in all new TCGP contracts, and by July 2020, in all existing contracts.

- Beyond 2020, DOH anticipates more nuanced contracting that would include:
  1. episodes of care, such as a Maternity Care arrangement, and/or
  2. special population arrangements.

Next Steps

- Additional comments may be submitted in the next 2 weeks, by **Monday August 12, 2019**.

- Revised Roadmap language and 2020 VBP measure sets will be presented to the VBP Workgroup in October 2019 for review and approval.

- The Maternity Care Clinical Advisory Group will reconvene in Spring 2020.

- Thank you for your time and input to improve the VBP Quality Measurement Program for NYS Medicaid!

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov