



**Department
of Health**

Behavioral Health/HARP Clinical Advisory Group

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Agenda

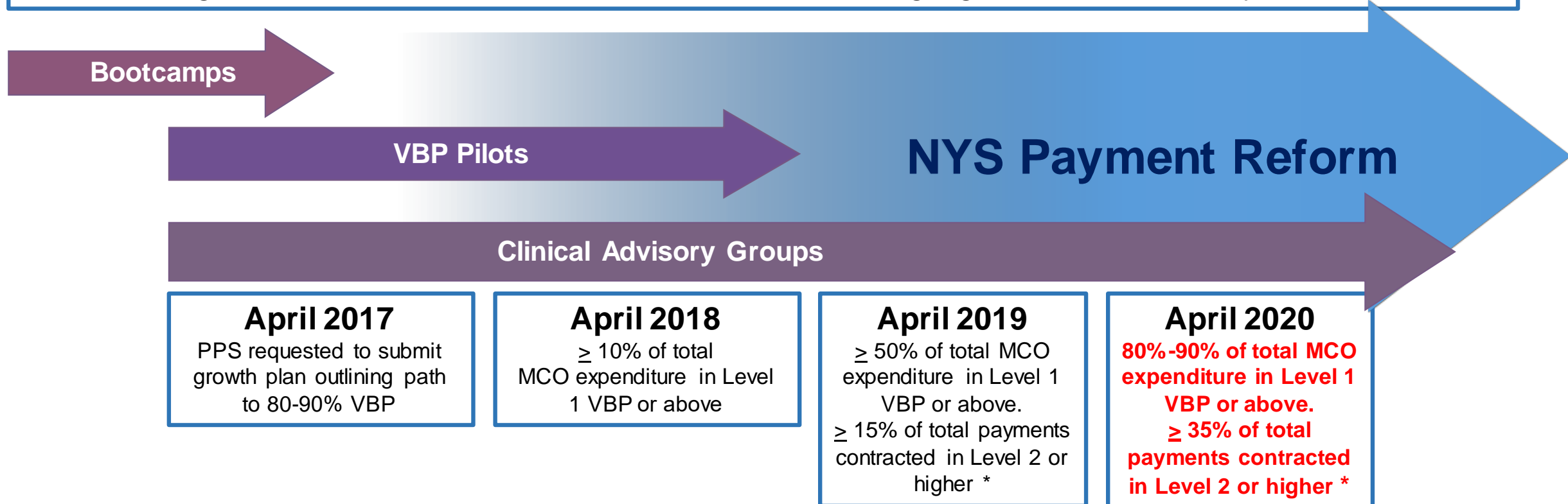
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|--|-------------------|
| 1. Introduction | 20 minutes |
| <ul style="list-style-type: none"> -w- Roll Call -w- Value Based Payment in New York State -w- CAG 2020 Timeline, Highlights, & Goals | |
| 2. COVID19 & VBP | 10 minutes |
| <ul style="list-style-type: none"> -w- Quality Measurement -w- Best Practices | |
| 3. 2020 Where We Landed | 15 minutes |
| <ul style="list-style-type: none"> -w- Measure Domains -w- TCGP 2020/Behavioral Health/Harp Measure Sets Review -w- VBP Pilot Results | |
| 4. National Quality Measure Updates | 10 minutes |
| 5. OMH Presentation | 15 minutes |
| <ul style="list-style-type: none"> -w- Utilization of Recovery Oriented Services (HCBS and PROS) -w- New Completion of Home and Community Based Services Annual Needs Assessment metric. | |
| 6. OASAS Presentation | 15 minutes |
| <ul style="list-style-type: none"> -w- Continuing Engagement in Treatment (CET) | |
| 7. NYS Medicaid Quality Strategy | 10 minutes |
| 8. Summary & Next Steps | 5 minutes |

Section 1: Introduction

Roll Call

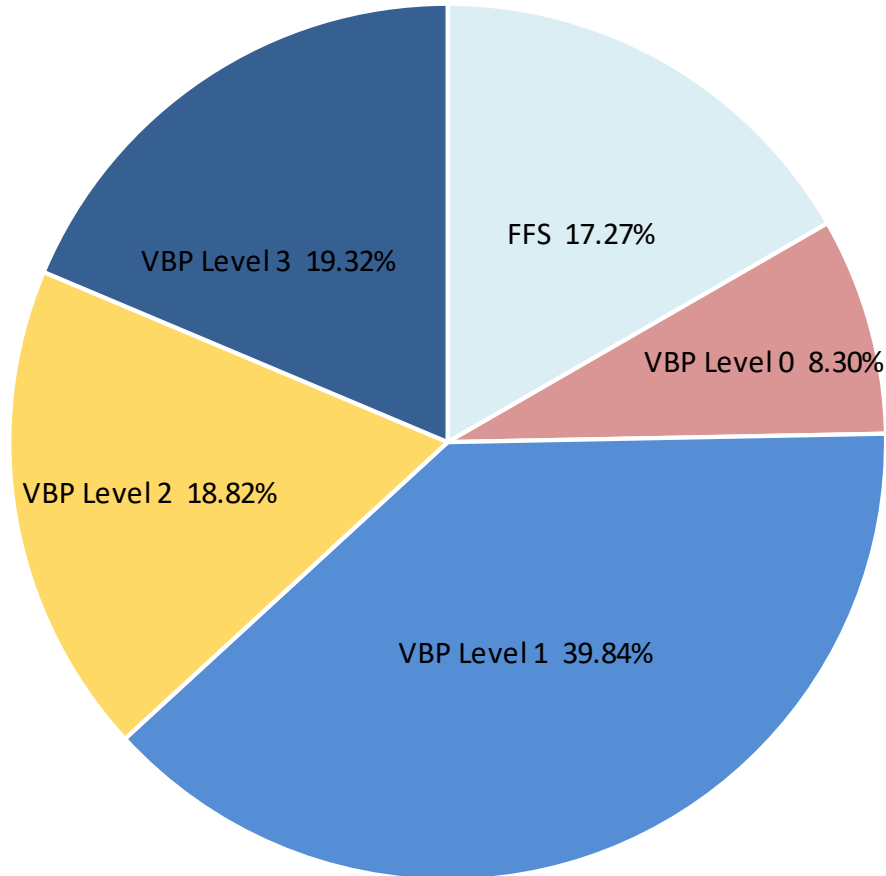
VBP Transformation: Goals & Timeline

Goal: To achieve the Triple Aim through the improvement of population health, quality of care delivery, and lowering per capita costs, and to create a sustainable integrated system of care by using DSRIP dollars, shared savings mechanisms, and care coordination and rewarding high value care delivery.



Overview of Results thru 3/31/2019 (across all Medicaid MC Lines of Business*)

Current Overall VBP Progress: ~ **74%**



TOTAL MA \$	\$32,849,406,773	
FFS	\$5,673,256,803	17.27%
VBPO	\$2,726,388,492	8.30%
Level 0/Quality Only	\$2,379,999,921	7.25%
Level 0/ Cost Only	\$346,388,571	1.05%
VBP1	\$13,088,722,486	39.84%
VBP2	\$5,604,971,962	18.82%
VBP3	\$5,756,067,033	19.32%
Level 1-3	\$24,449,761,481	74.43%

Includes all Mainstream and LTC Lines of Business

May 2020

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

How is VBP Different from the Current Payment Structure?

- 1) **Efficiency Component** - A **target budget** is set at the beginning of the year, against which costs (expenditures) are reconciled at the end of the year.
 - ↳ Services may be reimbursed as *fee-for-service* as they are now, or as a *per member per month (PMPM)* prospective payment.
- 2) **Quality Component** - A **percentage of performance measures** on the attributed population (those included in the arrangement) **must be passed** to share in any savings (or to determine the percentage of losses that must be made up).

$$\begin{array}{l} \checkmark \text{ Efficiency (Cost)} \\ \checkmark \text{ Quality (outcomes)} \end{array} = \text{Value}$$

Upside & Downside Risk-Sharing Arrangement (NYS Guideline)

- While VBP encourages efficiency, QUALITY is paramount!
- No savings will be earned without meeting minimum quality thresholds.
- NY State Medicaid's CMS-approved VBP Roadmap recommends that 50% of Pay-for-Performance (P4P) measures should be “passed” to qualify for any shared savings or to determine the proportion of any losses to be shared.
 - Other measures are required to be reported (Pay-for-Reporting (P4R)), but are not used for performance payments.

Upside
Downside

Clinical Advisory Group (CAG) Goals for 2020

2020 CAG Goals

Conduct annual review of the quality measure sets.

Identify and analyze clinical and care delivery gaps in current measure sets.

Propose recommendations for 2021.

Clinical Advisory Group (CAG) Timeline for 2020

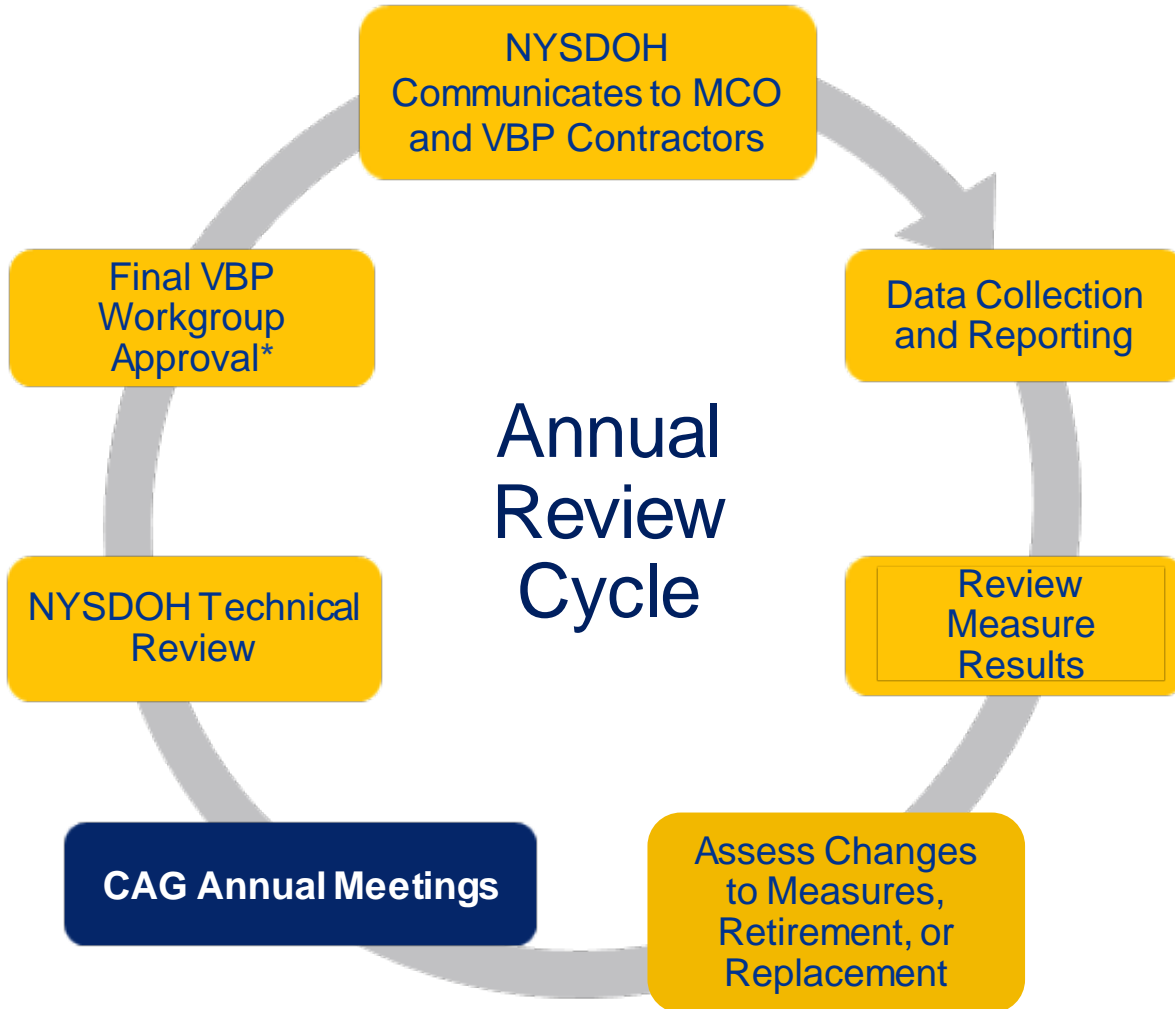
Timeline



- Spring Cycle to convene April through May, with Summer cycle to begin in June with a goal of ending in August.
- Feedback from the CAGs will be processed and presented in the form of recommended measure sets to the VBP Workgroup for approval in **October – December 2020**.
- (MY) 2021 Quality Measure Sets will be released in **November – December 2020**.
- The MY 2021 VBP Reporting Requirements Technical Specifications Manual will also be released in **November – December 2020**.

May 2020

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders; and
- Any significant changes in evidence base of underlying measures and/ or conceptual gaps in the measurement program.

New York State Department of Health (NYSDOH) and 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; and
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R).

Section 2: COVID19 & VBP

2020 Quality Measurement and COVID-19

- Quality, Cost, and Utilization targets have been set based on prior experience;
- Changes in outpatient care delivery will impact visits for preventive care and access-related quality measures;
- Increase use of telehealth
 - ↳ 53% of 2020 TCGP Measures include telehealth component
 - ↳ Telehealth not always possible (e.g. Childhood immunizations)
- Change and duration of care pattern changes are unclear due to uncertain course of COVID-19 and behavior change.
- Trending all measures will be an issue in Measurement Year 2020

Best Practices

Some options that have been brought up, feedback:

- Transition measures to pay-for-reporting;
- Remove or reduce weighting for measures most likely to be affected by COVID-19;
 - ↳ This will be difficult as we anticipate almost all measures will be impacted
- Use prior year performance in awarding of pay for performance
- Use partial year performance; changing measure specific timelines is challenging

Section 3: Where We Landed

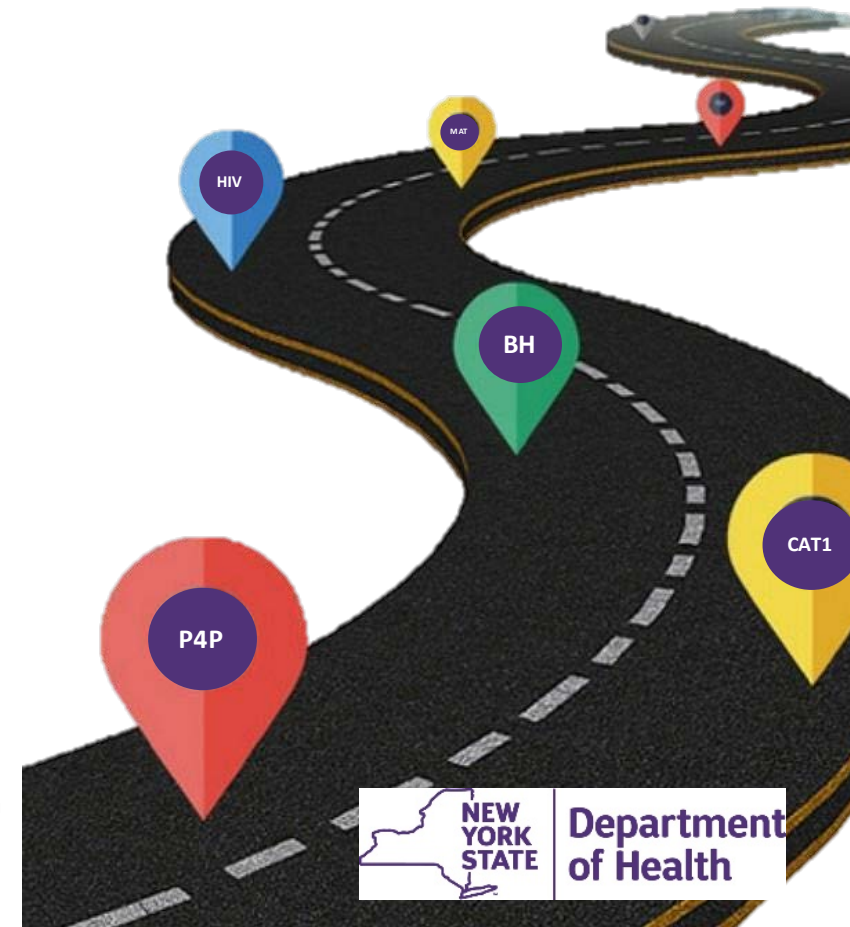
Roadmap Requirements Established for 2020: Quality Measures

Managed Care Organizations (MCOs) (excluding 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. **Mental Health**
- III. **Substance Use Disorder**
- IV. HIV/AIDS
- V. Maternity
- VI. Children's

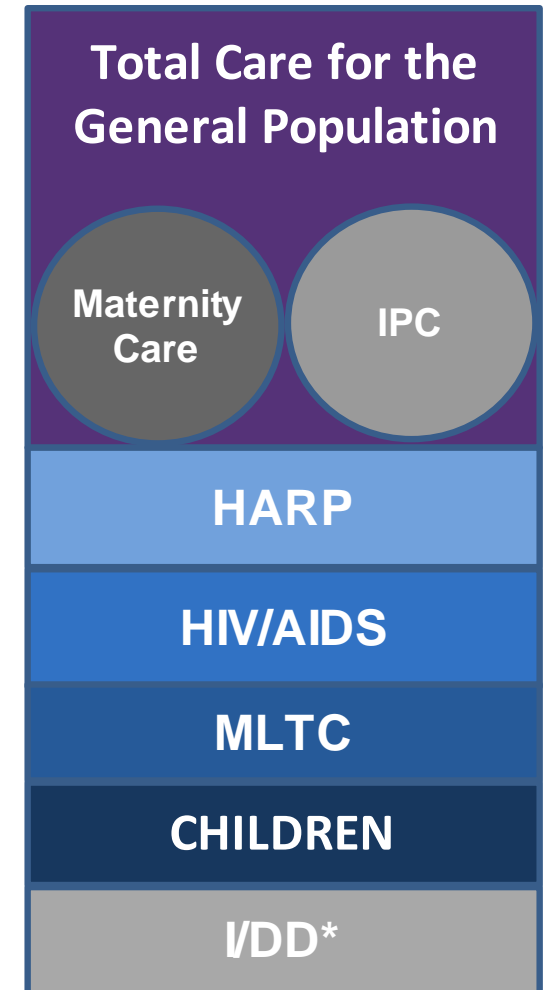
- All new contracts submitted on or after January 1, 2020 must meet this requirement.
 - *Deadline extension* for submission: **May 15**
 - *Deadline extension* for MCO reporting period: **June 15**
- All other existing contracts must be updated to meet this requirement by January 2021.

*If a VBP contractor & MCO are contracting for a total care for HARP 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 population-specific arrangement (e.g., HARP contract).



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)**
 - **Children**
 - **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.

May 2020

2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2020 TCGP Primary Care Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	NQF 0105	P4P
Asthma Medication Ratio	NCQA	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P

May 2020

2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2020 TCGP Primary Care Domain [continued]			
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	NQF 0004	P4P
Medication Management for People with Asthma	NCQA	NQF 1799	P4P

May 2020

2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2020 TCGP Mental Health Domain			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	NQF 1879	P4P
Depression Remission or Response for Adolescents and Adults	NCQA		P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS		P4P

2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2020 TCGP Substance Use Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Follow-Up After High-Intensity Care for Substance Use Disorder	NCQA		P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS		P4P
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175	P4P

2020 TCGP Measure Set

TCGP Measures

Measure Steward

Measure Identifier

Classification

Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below*.

2020 TCGP HIV/AIDS Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Viral Load Suppression

HRSA

NQF 2082

P4P

2020 TCGP Maternity Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Prenatal & Postpartum Care

NCQA

NQF 1517
(lost endorsement)

P4P

2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
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Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below*.

2020 TCGP Children's Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Asthma Admission Rate - PDI #14	AHRQ	NQF 0728	P4P
Childhood Immunization Status – Combination 3	NCQA	NQF 0038	P4P
Immunizations for Adolescents – Combination 2	NCQA	NQF 1407	P4P
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life	NCQA	NQF 1516	P4P
Well-Child Visits in the First 15 Months of Life	NCQA	NQF 1392	P4P

2020 Behavioral Health/HARP Measure Set – Category 1

BH/HARP Measures	Measure Steward	Measure Identifier	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Centers for Medicare & Medicaid Services (CMS)	NQF 1879	P4P
Asthma Medication Ratio	National Committee for Quality Assurance (NCQA)	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P
Completion of Home and Community Based Services Annual Needs Assessment	NYS		P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P

May 2020

2020 Behavioral Health/HARP Measure Set - Category 1

BH/HARP Measures	Measure Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Employed, Seeking Employment or Enrolled in a Formal Education Program	NYS	-	P4R
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-Up After High-Intensity Care for Substance Use Disorder	NCQA		P4P
Follow-Up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P

2020 Behavioral Health/HARP Measure Set - Category 1

BH/HARP Measures	Measure Steward	Measure Identifier	Classification
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	-	P4P
Medication Management for People with Asthma	NCQA	NQF 1799	P4P
No Arrests in the Past Year	NYS	-	P4R
Percentage of Members Enrolled in a Health Home	NYS	-	P4R
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS	-	P4P
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	NQF 0421	P4R
Preventive Care and Screening: Influenza Immunization	AMA PCPI	NQF 0041	P4R

May 2020

2020 Behavioral Health/HARP Measure Set - Category 1

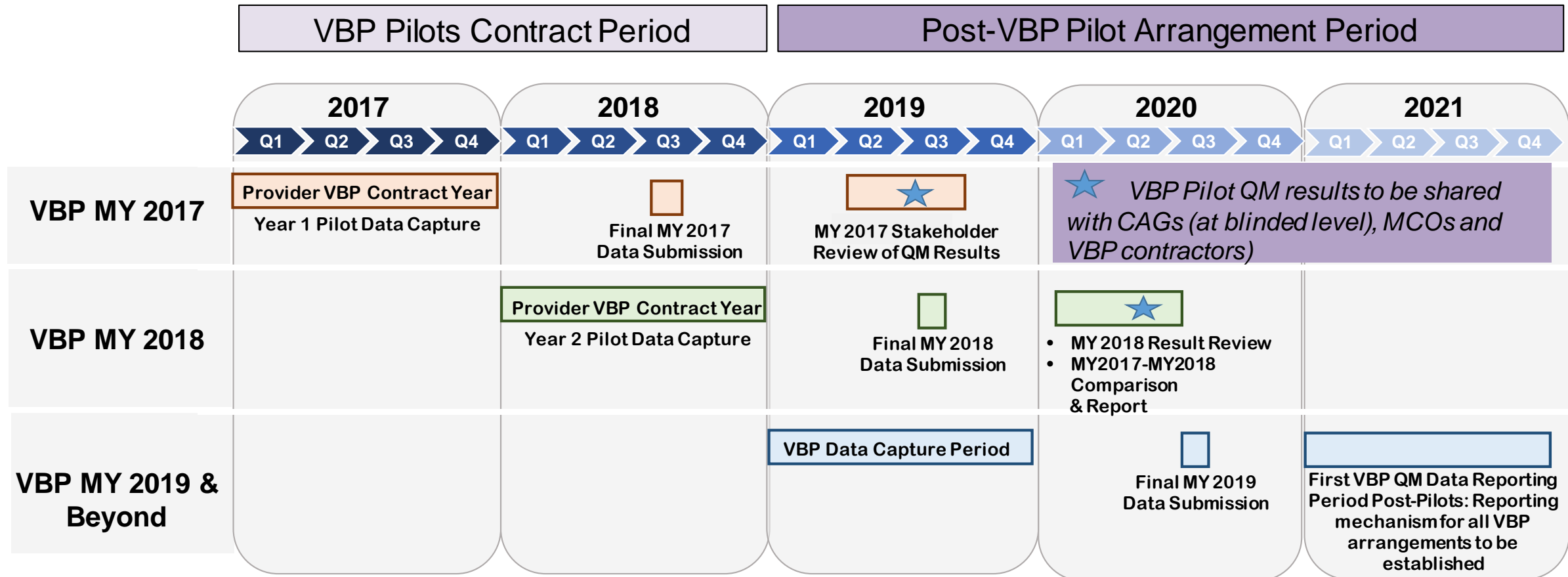
BH/HARP Measures	Measure Steward	Measure Identifier	Classification
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Stable Housing Status	NYS	-	P4R
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R

2020 Behavioral Health/HARP Measure Set - Category 2

BH/HARP Measures	Measure Steward	Measure Identifier
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	NQF 1880
Asthma Action Plan	AAAAI	-
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-
Asthma: Spirometry Evaluation	AAAAI	-
Continuing Engagement in Treatment Alcohol and Other Drug Dependence	NYS	-
Mental Health Engagement in Care 30 Days	NYS	-
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)	NYS	-
Use of Opioid Dependence Pharmacotherapy	NYS	-

VBP Pilots: Quality Measure Results and Future Plans

Quality measures for the HARP Pilots have been produced and will be shared with respective pilot participants. Future plans call for tracking the impact of having HARP members in TCGP arrangements.



Quality Measurement in VBP Pilots

- VBP Pilots
 - ~ There were two pilots with HARP arrangements in the program
- Quality Measurement
 - ~ Data is available for measurement years 2017 and 2018 (or Year 1 and Year 2) of the pilot
 - ~ Pilot arrangements can determine the measures used for shared savings; were required to report HARP measures
- Looking Ahead
 - ~ HARP members and HARP measures will be found in TCGP arrangements
 - ~ Future analysis will not be able to trend quality measure in HARP arrangements but will pull out that population for review

VBP HARP Pilot Results

- Results of selected quality measures for both HARP pilots combined
 - ~ **Quality Measures** – Highlighted measures; some measures used in the arrangement to determine shared savings
 - ~ **Year 1 Statewide HARP Rate (MY2017)** - Results from all HARP members in New York State
 - ~ **Year 1 HARP Pilot Rate (MY 2017)** – Results from HARP members in the HARP pilots for year 1 of the VBP Pilots
 - ~ **VBP NYS Benchmark (MY2017)**– All HARP members in a VBP arrangement eligible for the quality measure
 - ~ **Year 2 HARP Pilot Rate (MY 2018)** – Results of the HARP pilots for year 2 of the VBP pilots
 - ~ **VBP NYS Benchmark (MY2018)**– All HARP members in a VBP arrangement eligible for the quality measure

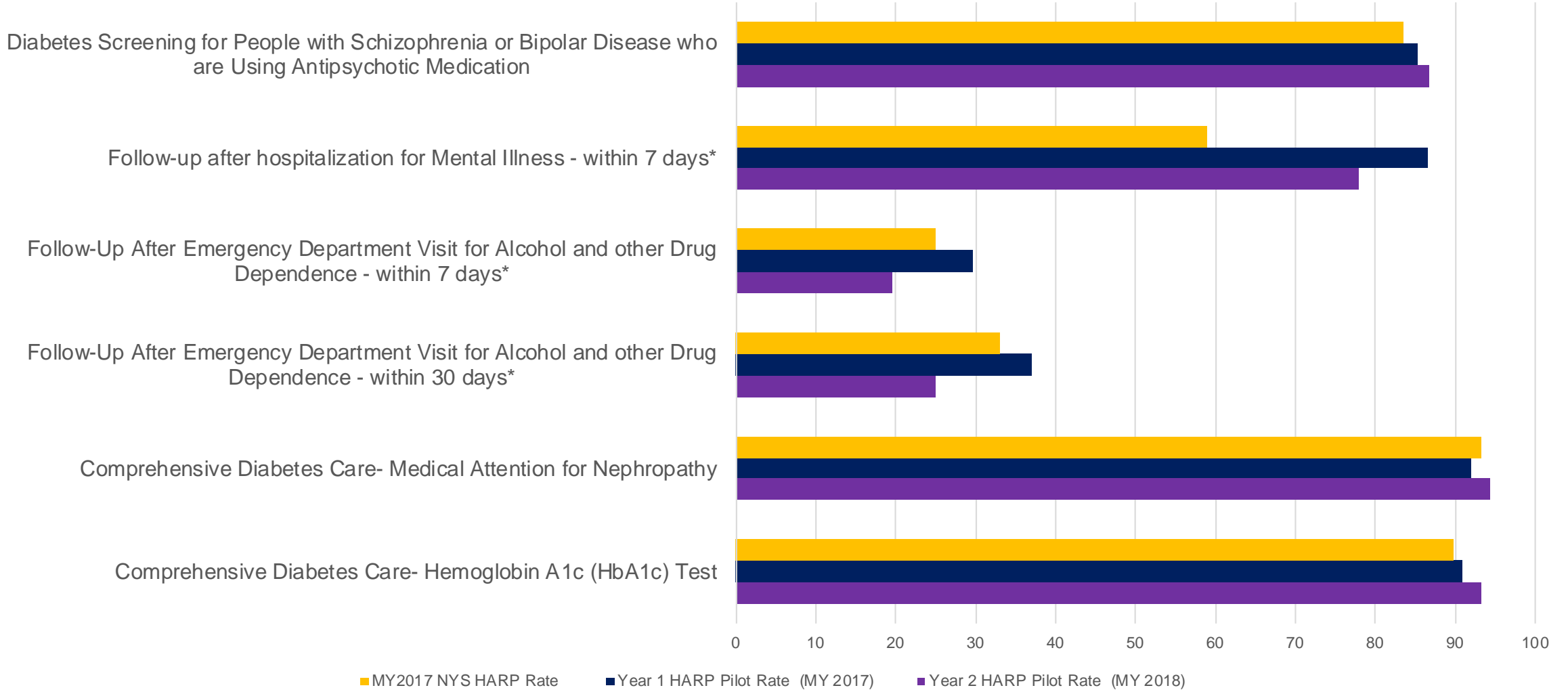
VBP HARP Pilot Results

Quality measures were comparable or exceeding NYS VBP benchmarks for HARP members in both years of the pilot. Small denominator sizes should be considered for some year over year comparisons.

Quality Measure	MY2017 NYS HARP Rate	Year 1 HARP Pilot Rate (MY 2017)	VBP NYS Benchmark (MY2017)	Year 2 HARP Pilot Rate (MY 2018)	VBP NYS Benchmark (MY2018)
Comprehensive Diabetes Care- Hemoglobin A1c (HbA1c) Test	89.79	90.86	91.17	93.30	91.01
Comprehensive Diabetes Care- Medical Attention for Nephropathy	93.23	92.00	92.83	94.26	92.58
Follow-Up After Emergency Department Visit for Alcohol and other Drug Dependence - within 30 days*	32.99	37.04	25.00	25.00	32.56
Follow-Up After Emergency Department Visit for Alcohol and other Drug Dependence - within 7 days*	24.95	29.63	14.66	19.44	24.81
Follow-up after hospitalization for Mental Illness - within 7 days*	58.82	86.49	48.93	77.78	43.28
Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication	83.44	85.33	81.51	86.77	84.49

**Denominator for the quality measure in the combined pilot HARP arrangement result is less than 40*

VBP HARP Pilot Results



*Denominator for the quality measure in the combined pilot HARP arrangement result is less than 40

Section 4: National Quality Measure Updates

NCQA Proposed Changes Quality Measures for HEDIS® 2021

- **Proposed Measures for Retirement**
 - *Annual Dental Visit**
 - *Medication Management for People With Asthma**
 - *Comprehensive Diabetes Care – Medical Attention for Nephropathy**

* Current NYS VBP Quality Measure

NCQA Proposed Changes Quality Measures for HEDIS[®] 2021

- **Proposed New Measures**
 - *Kidney Health Evaluation for Patients With Diabetes*

NCQA Proposed Changes Quality Measures for HEDIS® 2021

- **Proposed Changes to Existing Measures**

- *Depression Screening and Follow-Up Measures**
 - Depression Screening and Follow-Up for Adolescents and Adults (DSF).
- *Follow-Up After Hospitalization for Mental Illness (FUH)*
- *Unhealthy Alcohol Use Screening and Follow-Up (ASF)*

Section 5: OMH – Measure Results

- **Completion of Home and Community Based Services (HCBS) Annual Needs Assessment: Metric Description and Results**
- **Utilization of Recovery Oriented Services: Metric Development and Recommendations**

Completion of Home and Community Based Services (HCBS)

Annual Needs Assessment: Metric Specifications

Description:

- The percentage of members enrolled in a HARP who had an HCBS annual needs assessment completed during the measurement year.
 - The HCBS annual needs assessment for HARP members will be conducted using the Community Mental Health Behavioral Health (BH) HCBS Eligibility Screen instrument.

Eligible Population:

- Product Lines: HARP
- Ages: 21 – 64 years old as of December 31 of the measurement year
- Continuous Enrollment: Enrolled in the same HARP for the last 6 months of the measurement year
- Allowable Gap: No more than one gap in enrollment of up to 30 days during the 6-month continuous enrollment period
- Anchor Date: December 31 of the measurement year
- Benefits: Medical, Mental Health, and Chemical Dependency

Completion of Home and Community Based Services (HCBS)

Annual Needs Assessment: Measure Specifications and Rates

Calculation: numerator/denominator x 100%

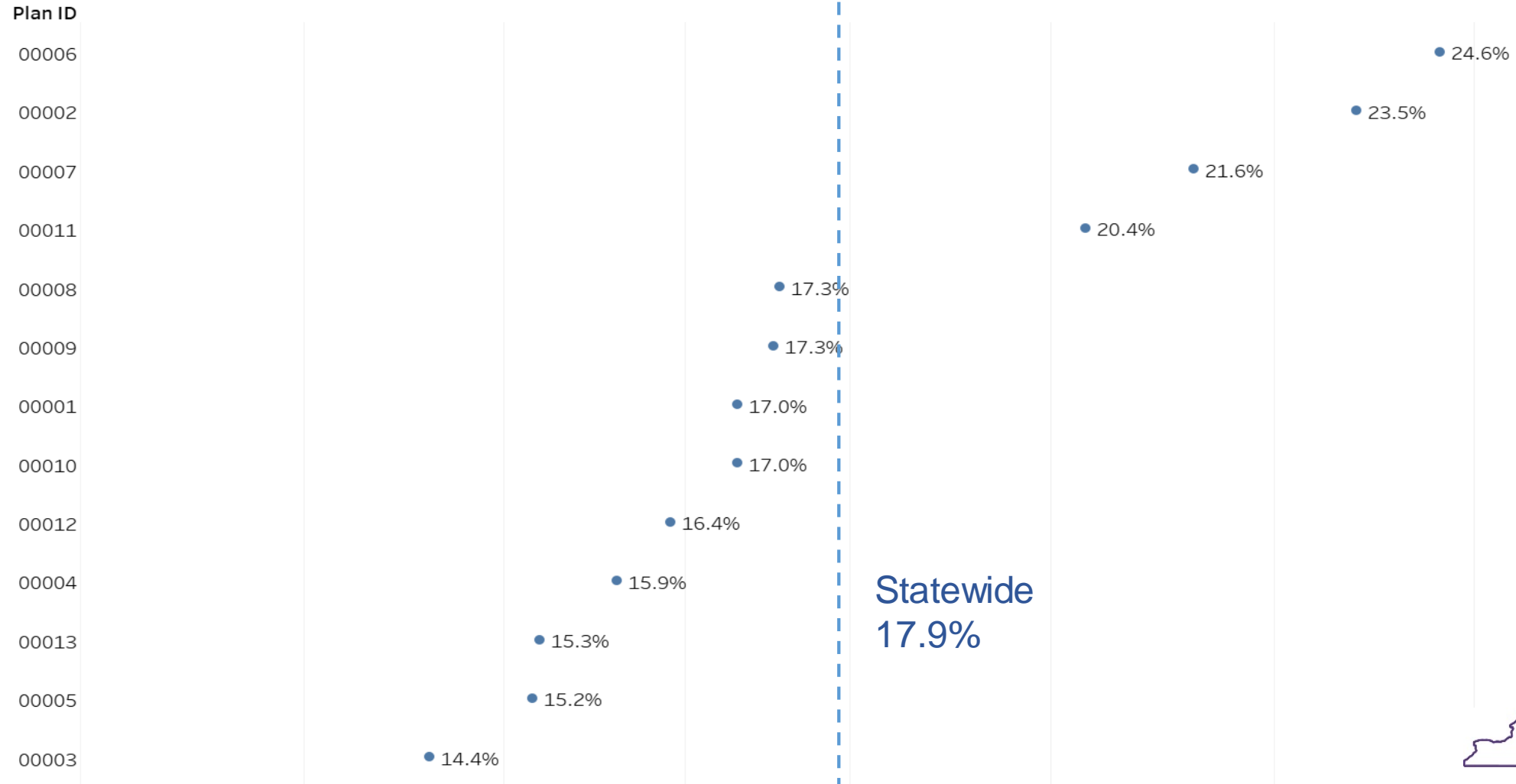
- Denominator: The eligible population.
- Numerator: The total number of members in the eligible population with a complete Community Mental Health BH HCBS Eligibility Screen during the measurement year.

Measure rates for HARP members:

	2017	2018	2019
Statewide Rate	11.9%	14.5%	17.9%
NYC Rate	8.7%	11.7%	17.2%
ROS Rate	16.1%	17.4%	18.6%

Completion of Home and Community Based Services (HCBS)

Annual Needs Assessment by Plan, 2019



Recovery-Oriented Service Utilization Metric

Description: Measures the percentage of HARP-enrolled members who received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS) for at least 3 months in a measurement year.

Rationale: PROS and HCBS are key elements of the HARP model intended to support individuals' rehabilitation and recovery. These programs aim to enhance quality of life and increase independent functioning. The metric will measure how many eligible individuals take advantage of these services at least 3 times in a measurement year.

Purpose or Intent for Measure:

The purpose of the measure is accountability. It is expected that individuals in HARPs will receive appropriate clinical and home and community based services to meet their needs.

Recovery-Oriented Service Utilization Measure Specifications

- ↪ **Measurement Period:** January – December of measurement year.
- ↪ **Calculation:** numerator/denominator x 100%
- ↪ **Denominator:** Continuously enrolled HARP members with no more than one gap in enrollment of up to 30 days during the measurement year.
- ↪ **Numerator:**
 - a. Received PROS at any time during the measurement year for at least 3 months, or
 - b. Received HCBS services at any time during the measurement year for at least 3 months.

Recovery-Oriented Service Utilization Measure Specifications

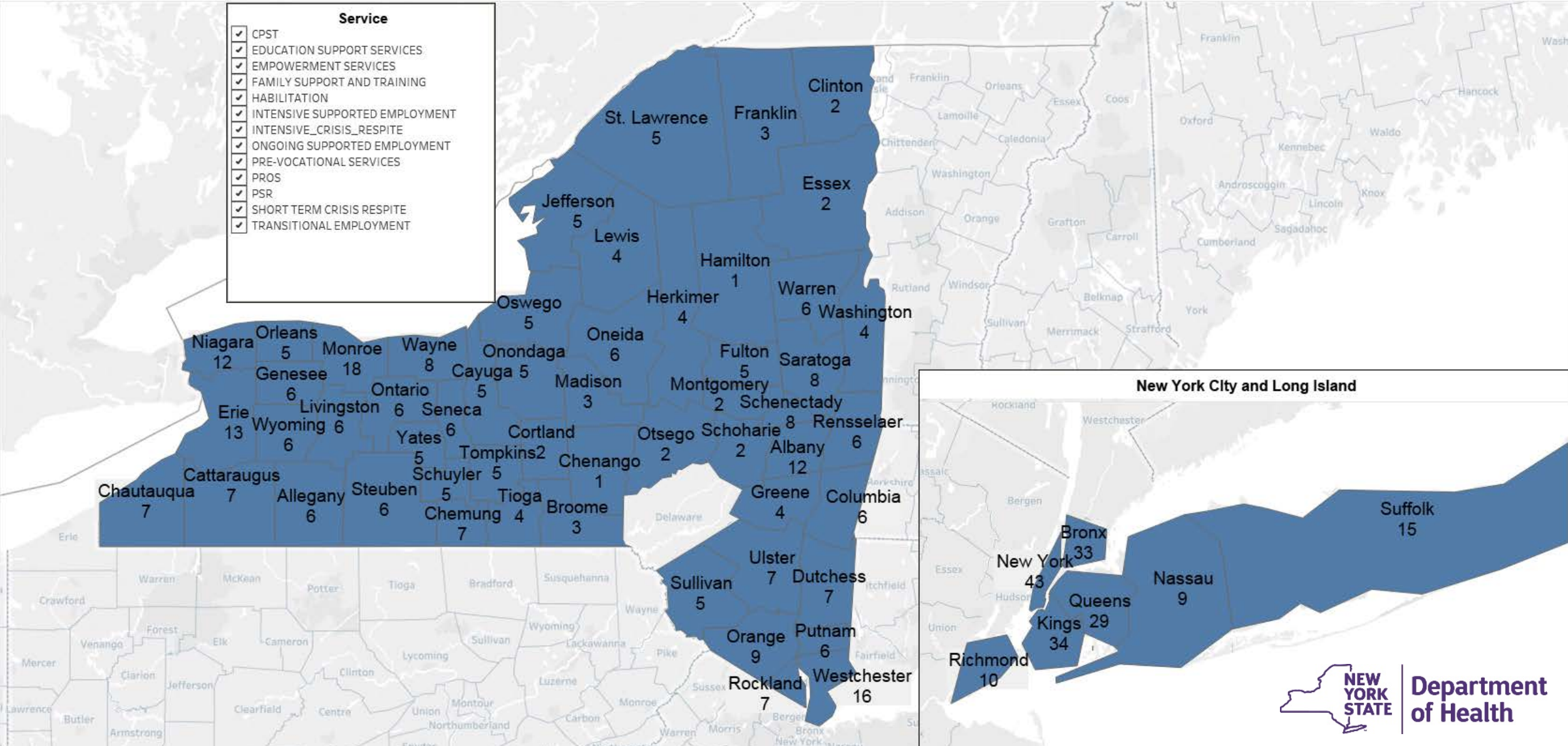
- **Eligible Population:**
 - Product Lines: Medicaid HARP
 - Age: Medicaid Population aged 21- 64 as of January 1 of the measurement year.
- **Exclusions:**
 - Medicare duals are excluded.

Home Community Based Service Providers by County

Rest of State

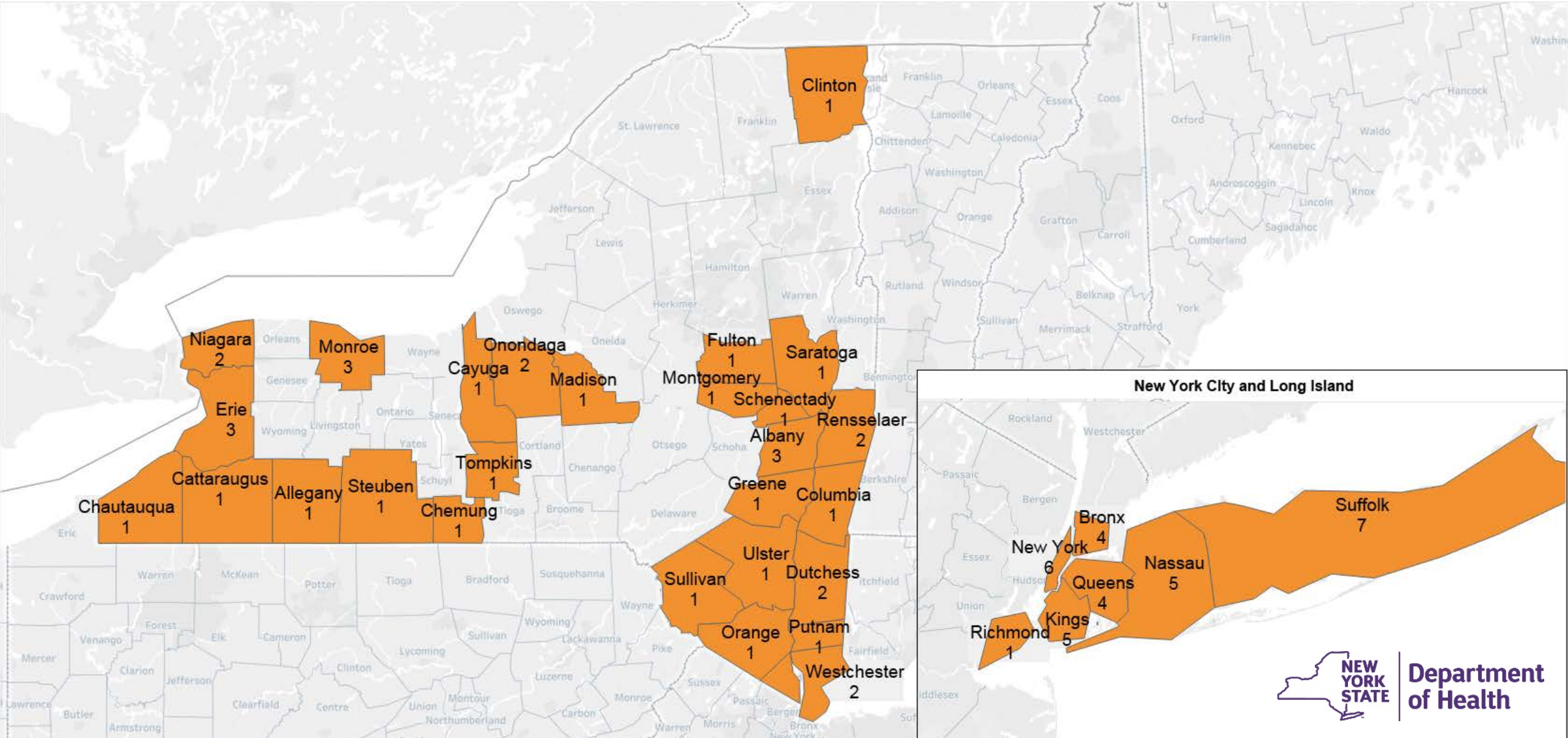
Service

- CPST
- EDUCATION SUPPORT SERVICES
- EMPOWERMENT SERVICES
- FAMILY SUPPORT AND TRAINING
- HABILITATION
- INTENSIVE SUPPORTED EMPLOYMENT
- INTENSIVE_CRISIS_RESPITE
- ONGOING SUPPORTED EMPLOYMENT
- PRE-VOCATIONAL SERVICES
- PROS
- PSR
- SHORT TERM CRISIS RESPITE
- TRANSITIONAL EMPLOYMENT



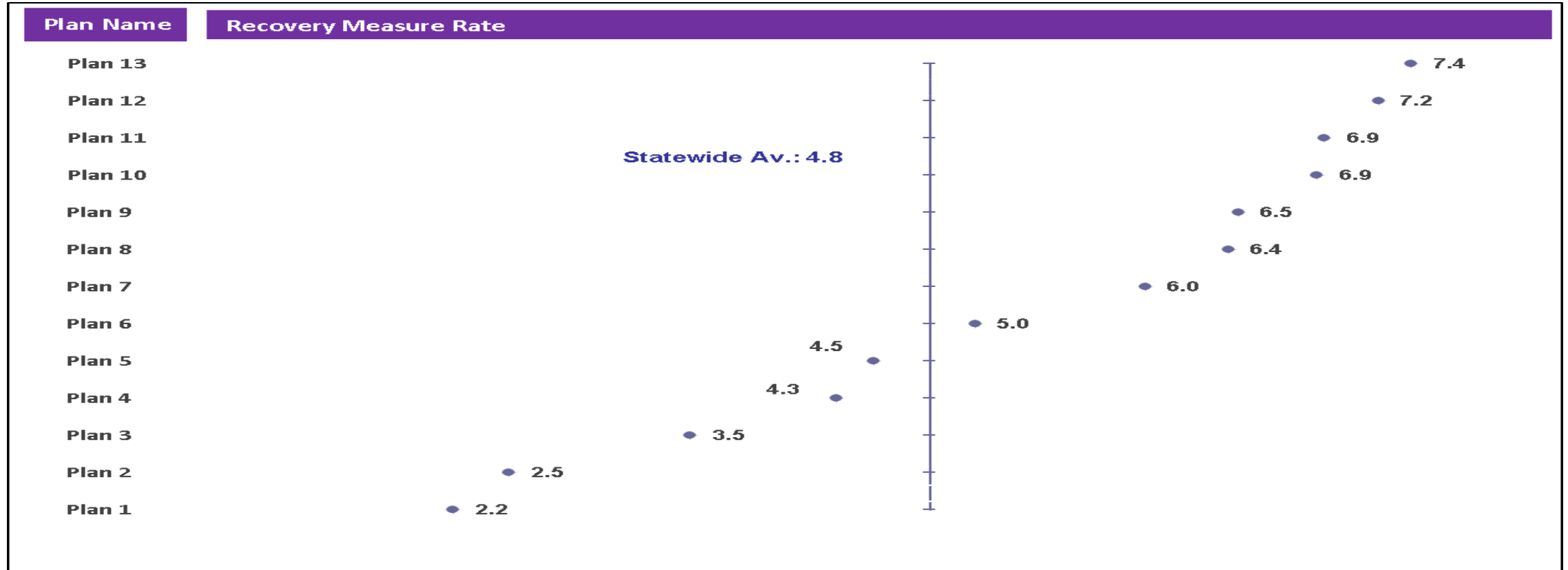
Personalized Recovery Oriented Services Providers by County

Rest of State



New York City and Long Island

Recovery-Oriented Service Utilization Measure by Plan, CY2018



Conclusions and Recommendations

- ↪ Field testing with selected plans revealed that the measure specifications are clearly written and measure implementation is feasible.
- ↪ State may provide an alternative procedure code -based value set for plans having difficulty accessing rate code information.
- ↪ Measure should be added to QARR to promote accountability around the delivery of appropriate recovery and home and community based services to HARP members.

Section 6: OASAS – Continuing Engagement in Treatment Results

Continuing Engagement in Treatment (CET)

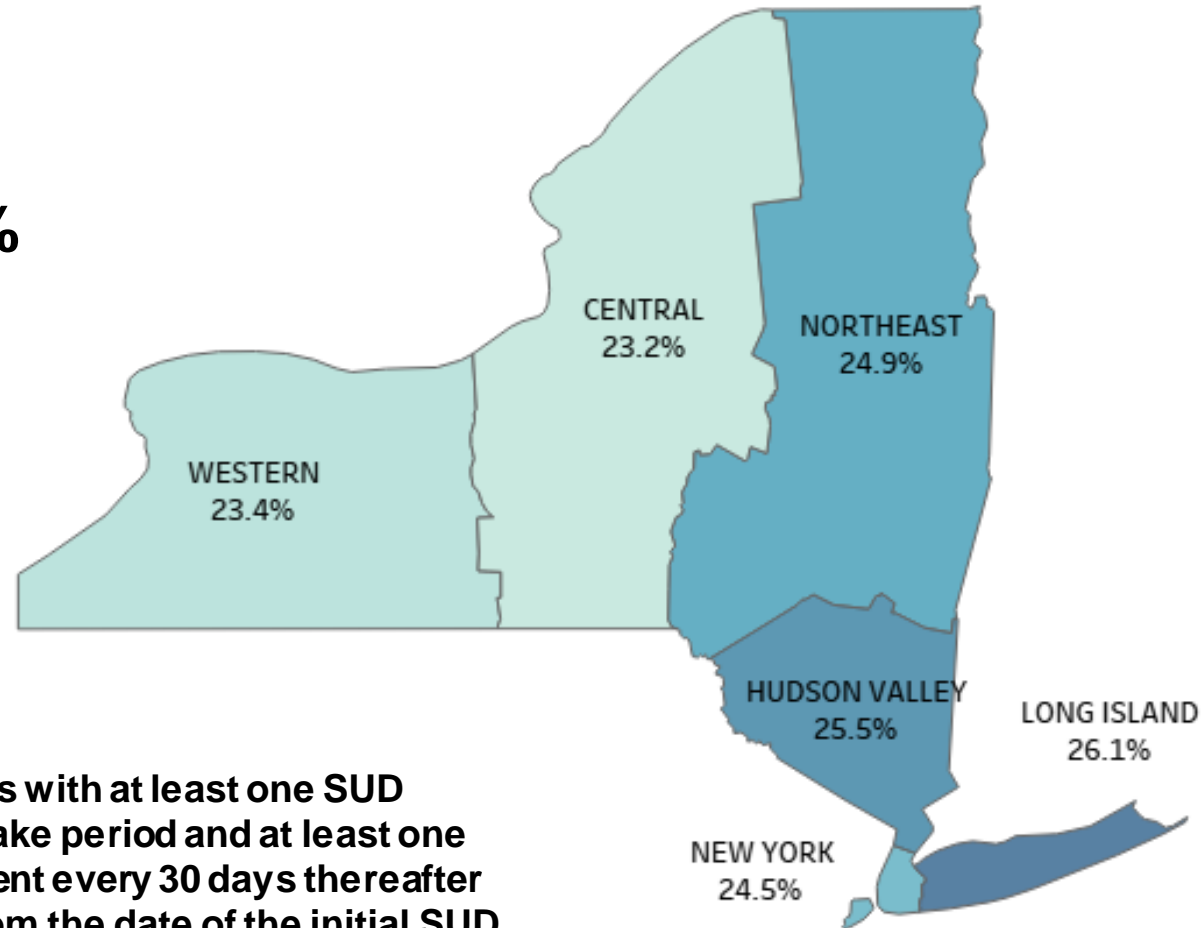
Description: Percentage of individuals with at least one SUD treatment* within the intake period and at least one subsequent SUD treatment every 30 days thereafter for a total of 180 days from the date of the initial SUD treatment.

*SUD treatment is defined as treatment received in an SUD Inpatient Rehabilitation, residential, outpatient , opioid treatment program or received MAT.

Continuing Engagement in Treatment (CET)

2015-16

Statewide: 24%



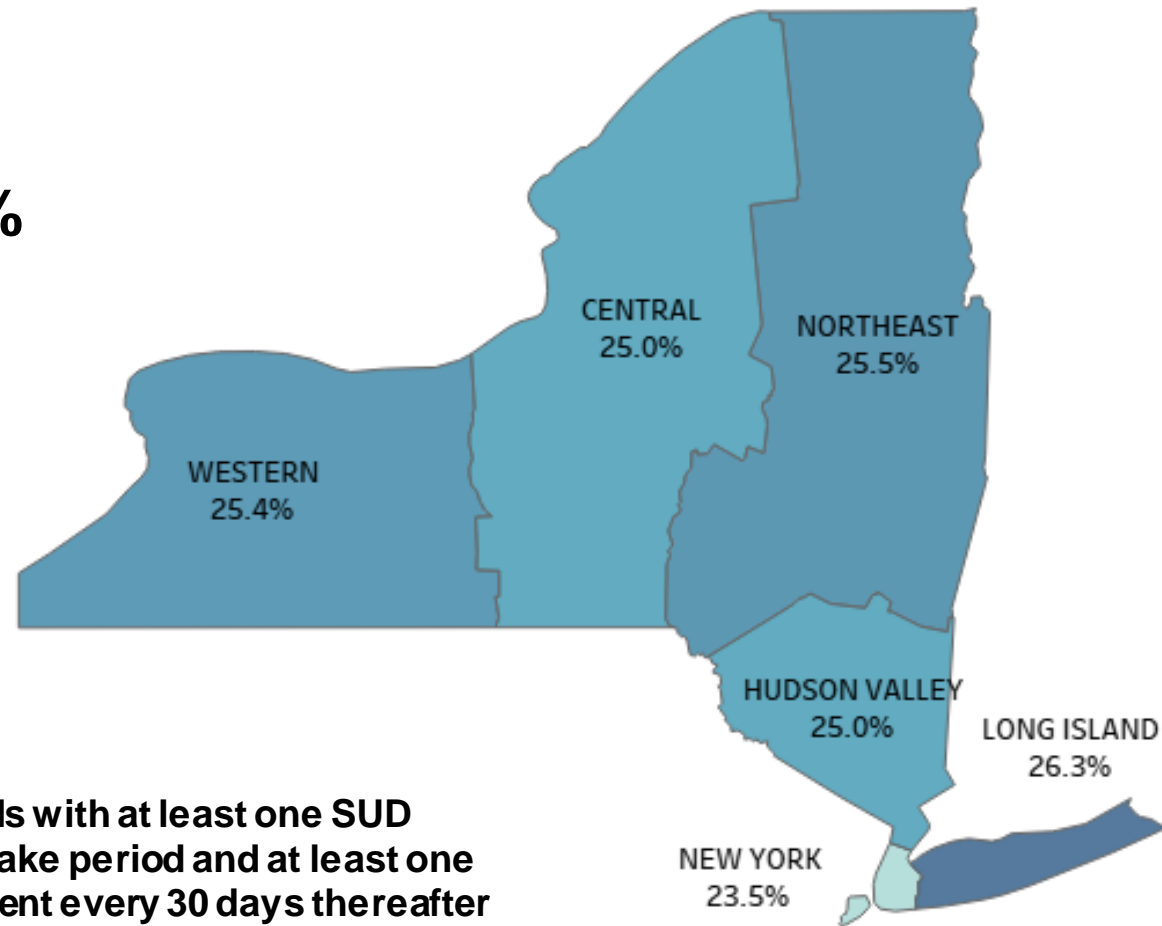
Percentage of individuals with at least one SUD treatment* within the intake period and at least one subsequent SUD treatment every 30 days thereafter for a total of 180 days from the date of the initial SUD treatment.



Continuing Engagement in Treatment (CET)

2016-17

Statewide: 25%



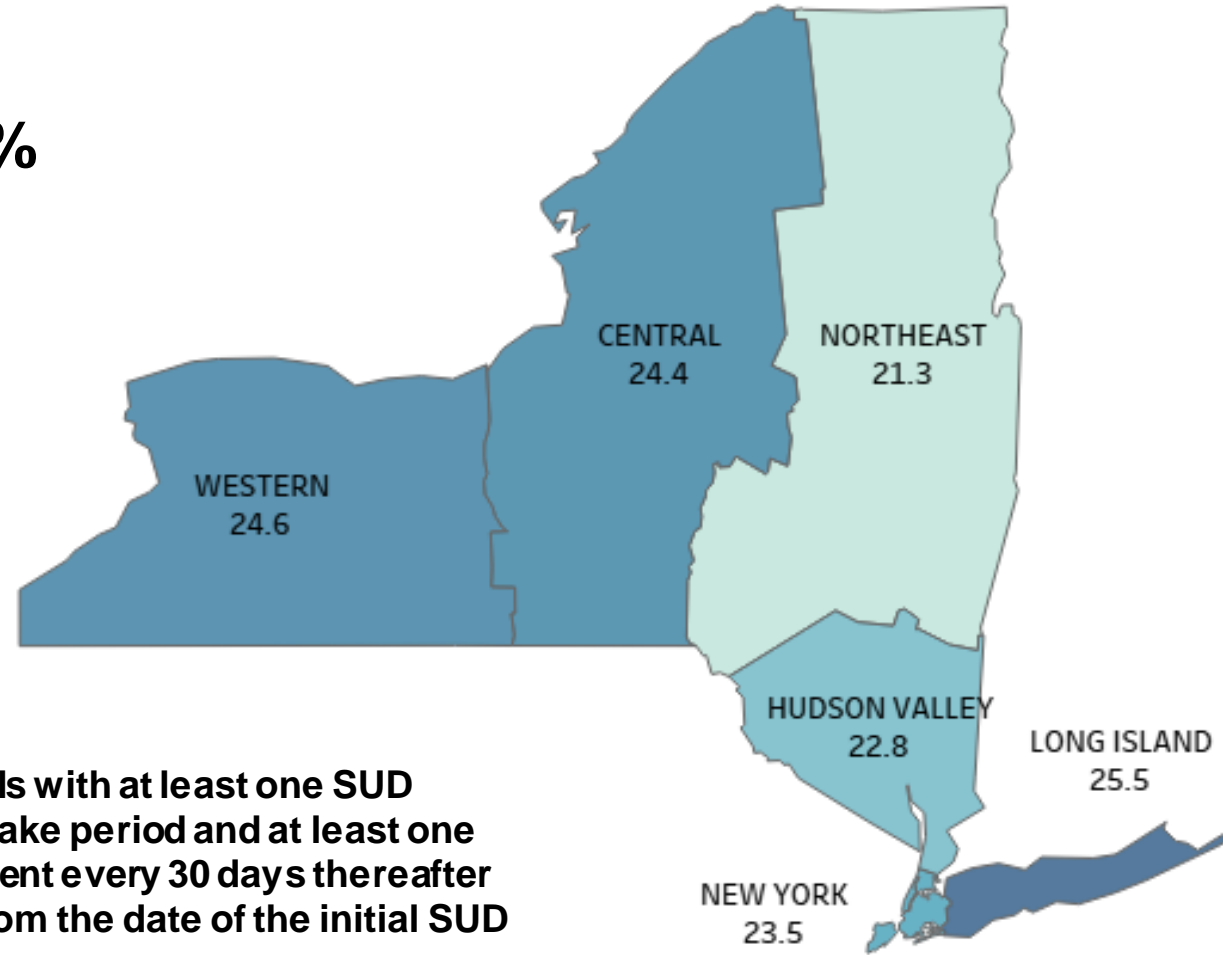
Percentage of individuals with at least one SUD treatment* within the intake period and at least one subsequent SUD treatment every 30 days thereafter for a total of 180 days from the date of the initial SUD treatment.



Continuing Engagement in Treatment (CET)

2017-18

Statewide: 23%



Percentage of individuals with at least one SUD treatment* within the intake period and at least one subsequent SUD treatment every 30 days thereafter for a total of 180 days from the date of the initial SUD treatment.



**Section 7: Does your VBP
Strategy align with NYS
Medicaid's Quality
Strategy?**

Quality Strategy Chief Aims & Goals:

Aim 1: Improved Population Health

Goal 1: Improve Maternal Health

Goal 2: Ensure a Healthy Start

Goal 3: Promote Effective and Comprehensive Prevention and Management of Chronic Disease

Goal 4: Prevent and Reduce Nicotine and Substance Dependency

Goal 5: Suicide Prevention

Aim 2: Improve Quality of Care

Goal 6: Promote Prevention with Access to High Quality Care

Goal 7: Keep Members in Their Communities

Goal 8: Improve Patient Safety

Goal 9: Create a Strategy to Promote Care Team Well-Being

Aim 3: Lower Per Capital Cost

Goal 10: Paying for High-Value Care

Questions



May 2020

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov