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Fall 2020

Agenda

1. **Introduction**   **10 Mins**
   - Roll Call

2. **Proposed HARP 2021 Measure Set**   **10 Mins**

3. **COVID-19 & VBP/Behavioral Health**   **30 Mins**
   - Quality Measurement
   - Service Utilization
   - Medicaid Service Use Trends

4. **Proposed 2021 TCGP Measure Set**   **5 Mins**

5. **National Measure Changes**   **5 Mins**

6. **BHCC Dashboards**   **10 Mins**

7. **Measures of Functioning Recovery & SDH**   **15 Mins**

8. **Summary & Next Steps**   **5 Mins**

Section 1: Introduction
Roll Call

Section 2: Proposed 2021 HARP Measure Set

Proposed 2021 HARP Measure Set – Category 1

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
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P

Proposed 2021 HARP Measure Set – Category 1

HARP Measures	Measure Steward	Measure Identifier	Classification
~~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

* Measure ~~removed~~ from HEDIS 2021 Measure Set
**Measure replaced/changed measure by NCQA for 2021 Measure set

Proposed 2021 HARP Measure Set – Category 1

HARP Measures	Measure Steward	Measure Identifier	Classification
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	-	P4P
Kidney Health Evaluation for Patients With Diabetes (KED)**	NCQA	-	P4R
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

* Measure removed from HEDIS 2021 Measure Set
**Measure replaced/changed measure by NCQA for 2021 Measure set

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Proposed 2021 HARP Measure Set – Category 1

HARP Measures	Measure Steward	Measure Identifier	Classification
Preventive Care and Screening: Influenza Immunization	AMA PCPI	NQF 0041	P4R
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

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Proposed 2021 HARP Measure Set – Category 2

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	-

Section 3: 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
  - 47% of proposed 2021 HARP Measures include telehealth component
  - 53% of proposed 2021 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

Policy Options

Some options that have been brought up, feedback:

- Transition measures to pay-for-reporting;

- Use different benchmarks

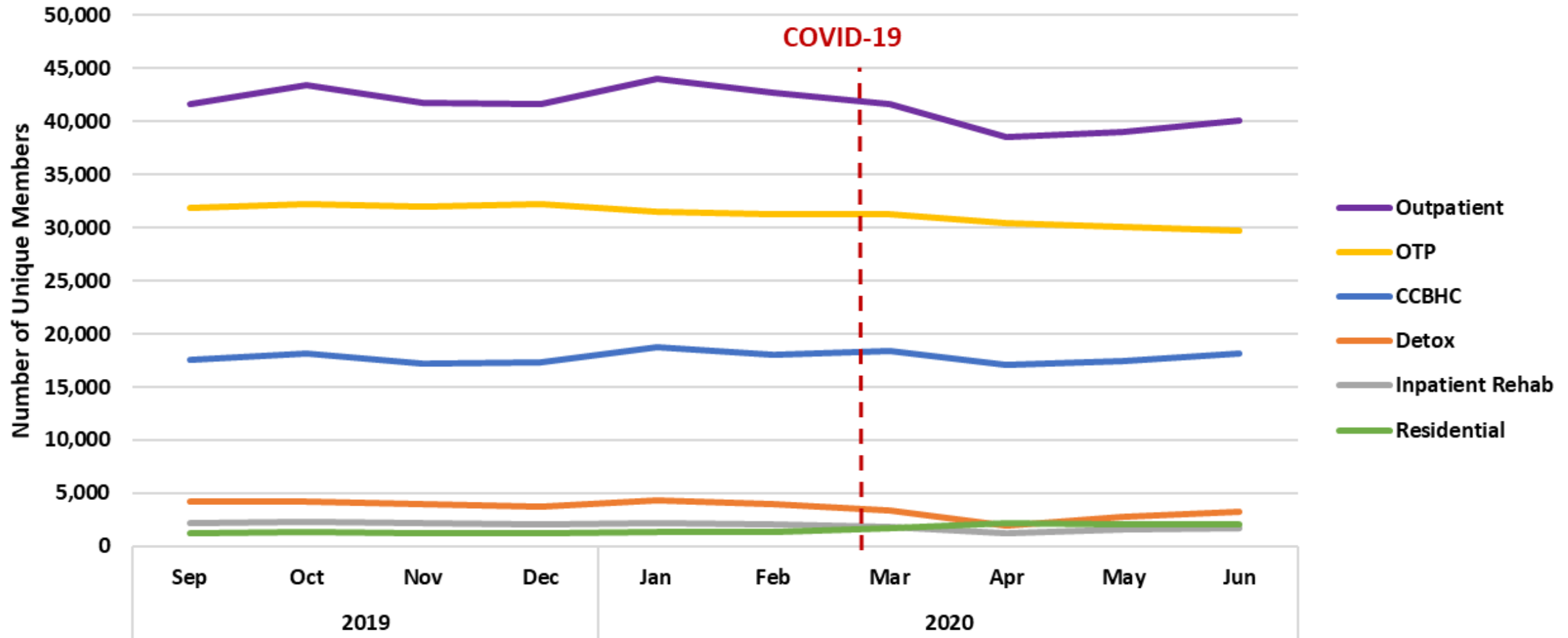# How Service Utilization Changed for Substance Use Disorder Services – Preliminary Data

Visits by Program Type.
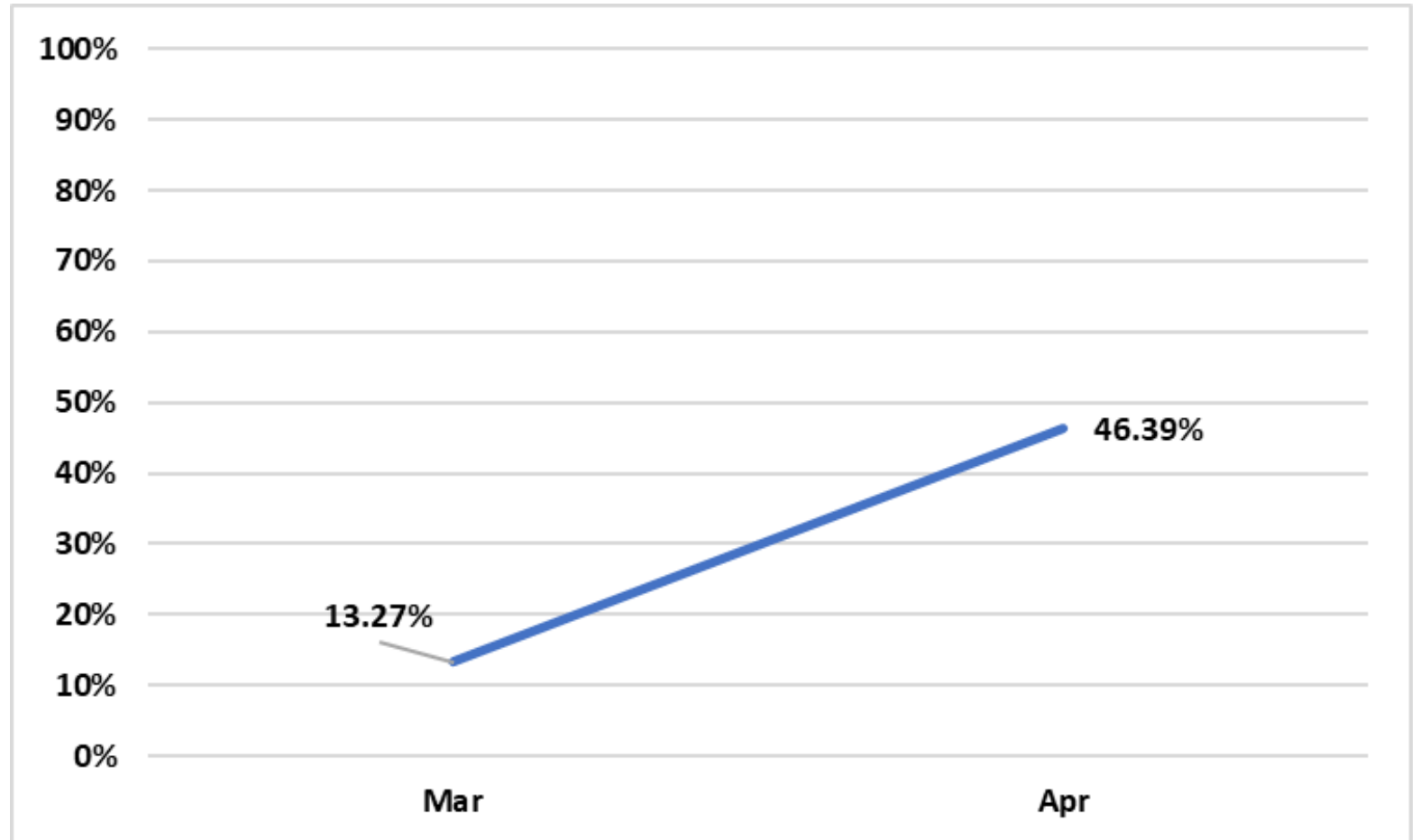Data Source: Medicaid Billing Claims Extract on 09/10/2020
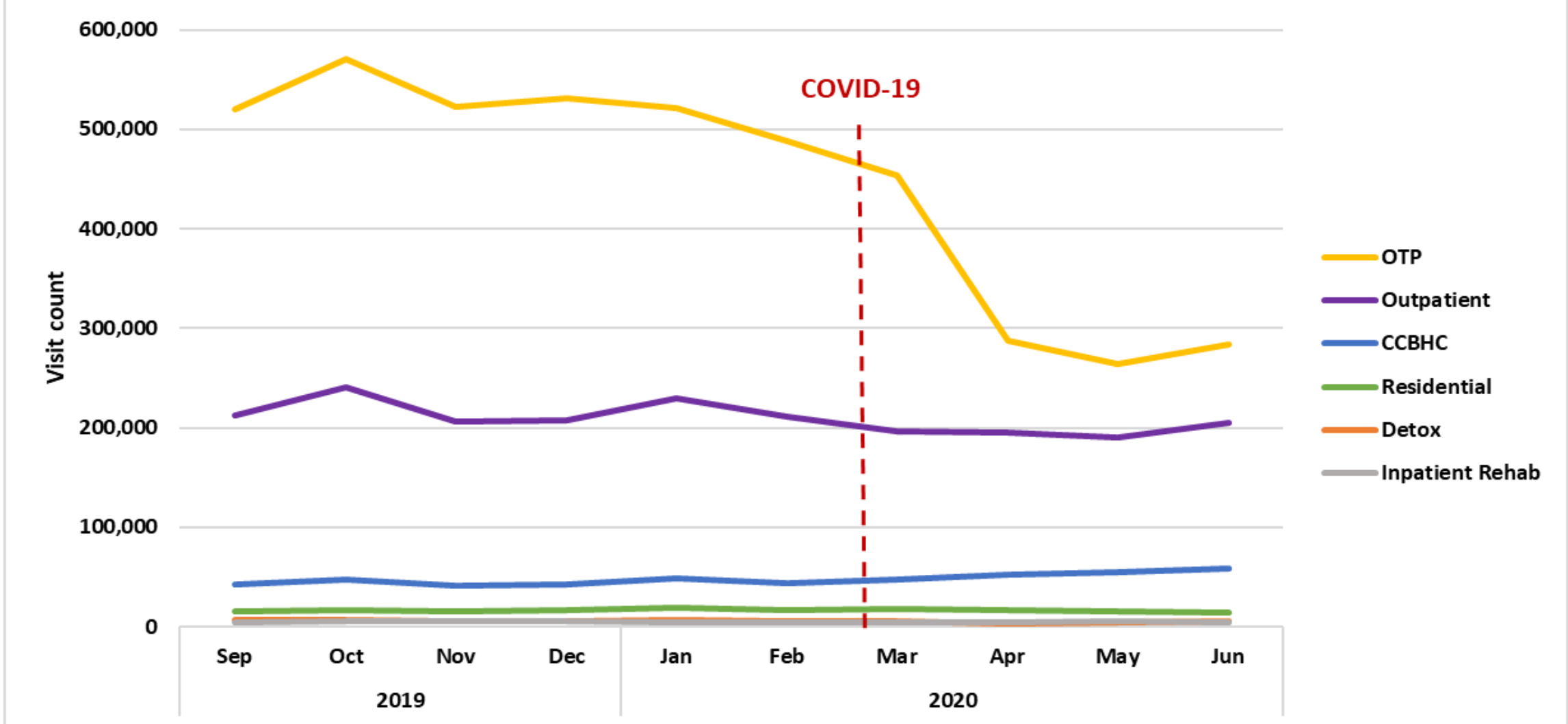
Number of Unique Members Served by Month and Program Type.
Data Source: Medicaid Claims Billing. Extract 09/10/2020

Utilization of Telehealth claims by Overall between 3/1/2020 and 4/30/2020

Proportion of Medicaid claims for telehealth services of SUD services increased from 13% in March 2020 to 46% in April 2020–an **increase of 33%.**

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Utilization of Telehealth Claims by Service Between 3/1/2020 and 4/30/2020

Data Source: Medicaid Billing Claims Extract on 09/10/2020
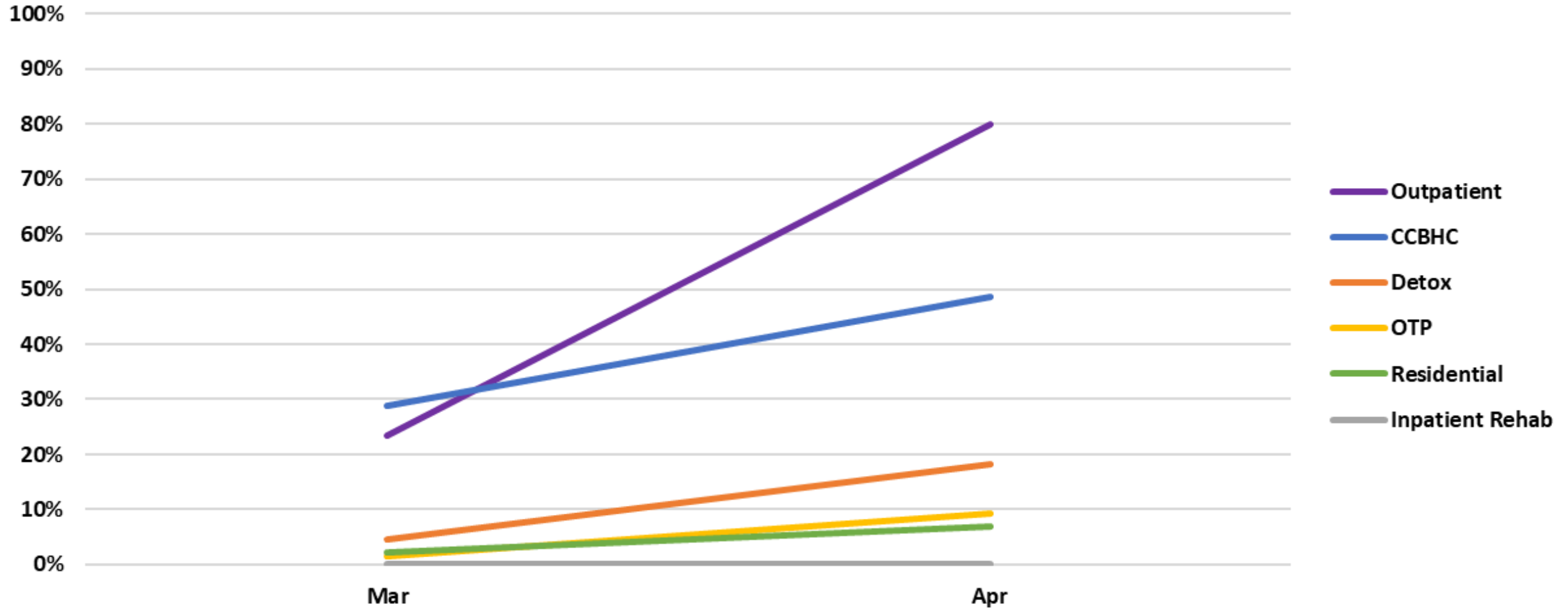
Telepractice Services During COVID-19

- Increase in telemedicine services for MOUD (according to Medicaid claims data):

  - 56,411 unique members withE/M visits with an OUD diagnosis in March/April 2019 and 53,005 unique members in March/April 2020

  - **27,348 members had a telemedicine visit in March/April 2020 compared to 244 in March/April 2019**

  - About *21,600 members in March/April 2019 received a buprenorphine prescription within 30 days of the E/M visit compared to 22,326 in Mach/April 2020

  - About *12,790 members in March/April 2020 had telemedicine visits and a buprenorphine prescription within 30 days of the telemedicine visit

*these numbers are not mutually exclusive

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Medicaid Service Use Trends March 2020-July 2020 compared to March 2019-July 2019

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Service Use Trends: Data Note

- 2020 data from the Medicaid Program are preliminary.
    - Due to Medicaid claims lag, these data do not fully mature until several months following dates of service.
    - The Medicaid data used to produce this presentation are not complete and do not represent all services provided during March-July 2020.
    - In an attempt to adjust for the data lag, we do not compare 2020 data with mature 2019 data; instead, we assumed providers and Managed Care Plans kept the same processing time for claims in 2020 as in 2019.
        - March 2019 to July 2019 data with a claims payment date as of August 2019 (allowing 3 weeks for claims submission) was compared to March 2020 to July 2020 data with a claims payment date as of August 2020.
        - There may have been factors present in 2020 but not in 2019 affecting the reporting of claims that lead to an over or underestimation of service utilization changes.

Service Use Trends: Inpatient Mental Health Services

New York State Medicaid enrollees admitted to Article 28 and 31 hospitals for treatment of a mental health condition in March-July 2020 as a percentage of New York State Medicaid enrollees admitted to Article 28 and 31 hospitals for treatment of a mental health condition in March-July 2019


Legend: Article 28, Article 31
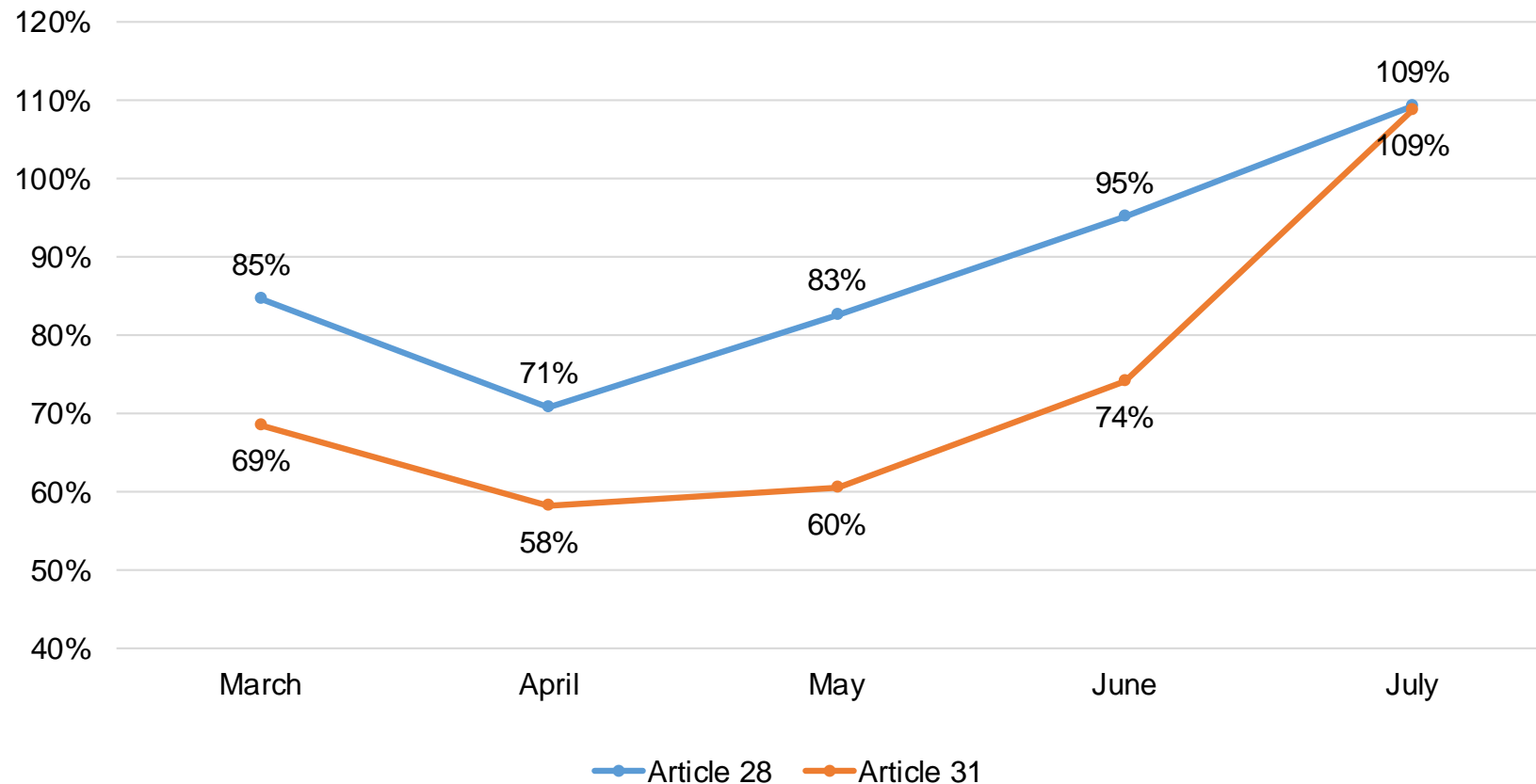
Service Use Trends: Emergency Room Visits

New York State Medicaid enrollees with an Emergency Department visit from March -July 2020 as a percentage of New York State Medicaid enrollees with Emergency Department visit from March -July 2019, by Emergency Department type
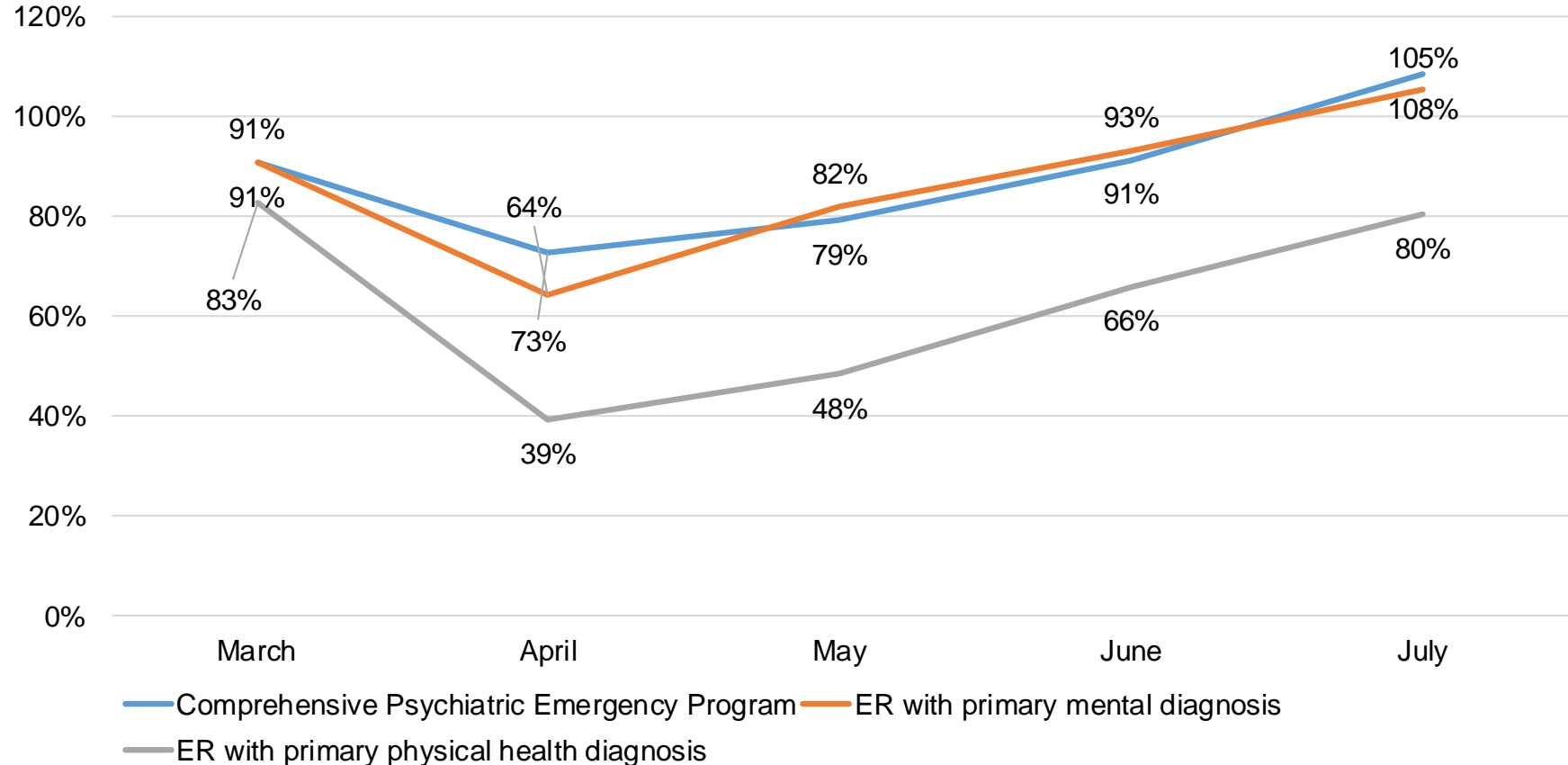
Service Use Trends: OMH Licensed Clinic

New York State Medicaid enrollees with an OMH Licensed Clinic visit from
March-July 2020 as a percentage of New York State Medicaid enrollees with
an OMH Licensed Clinic visit from March-July 2019

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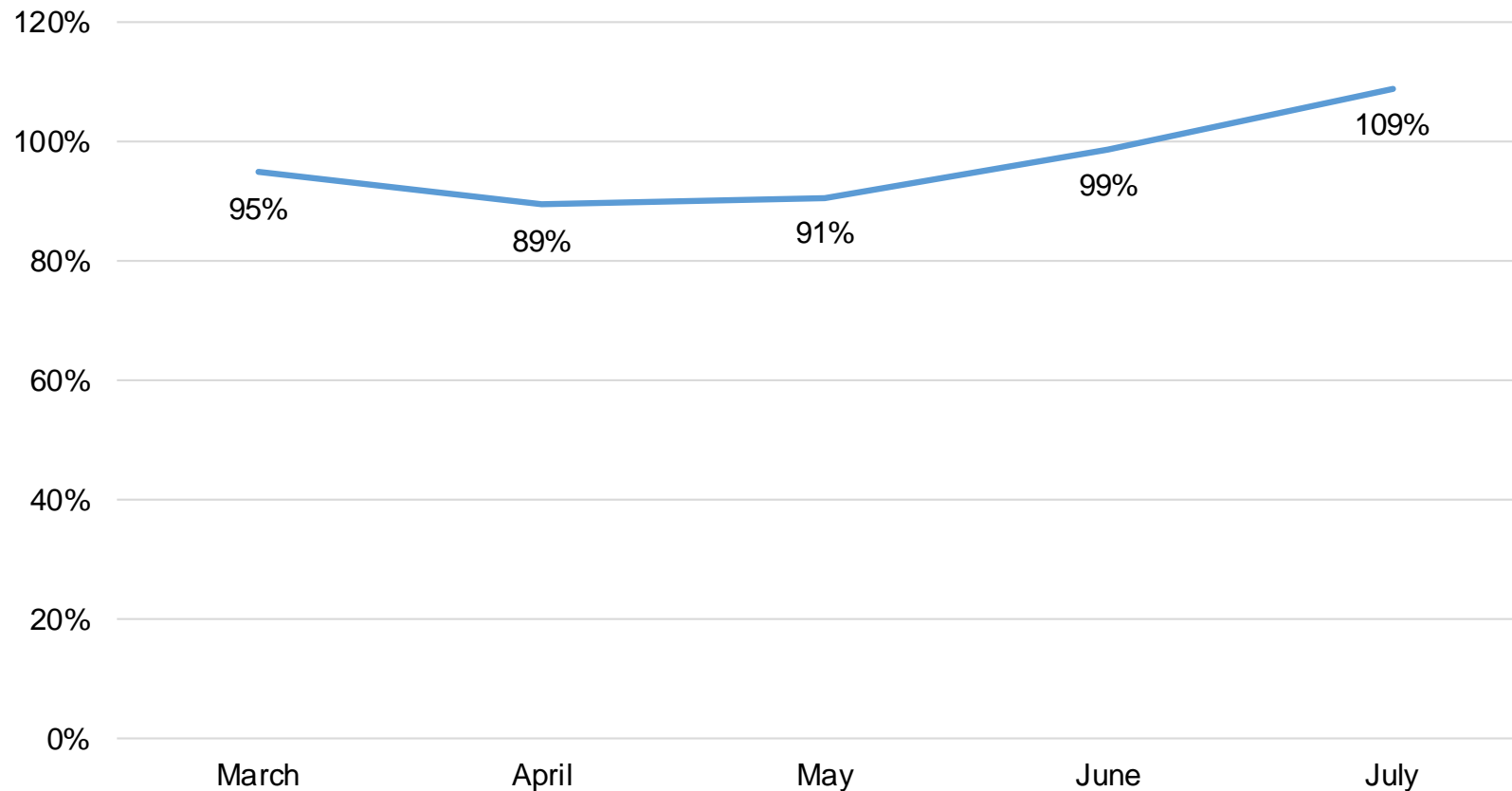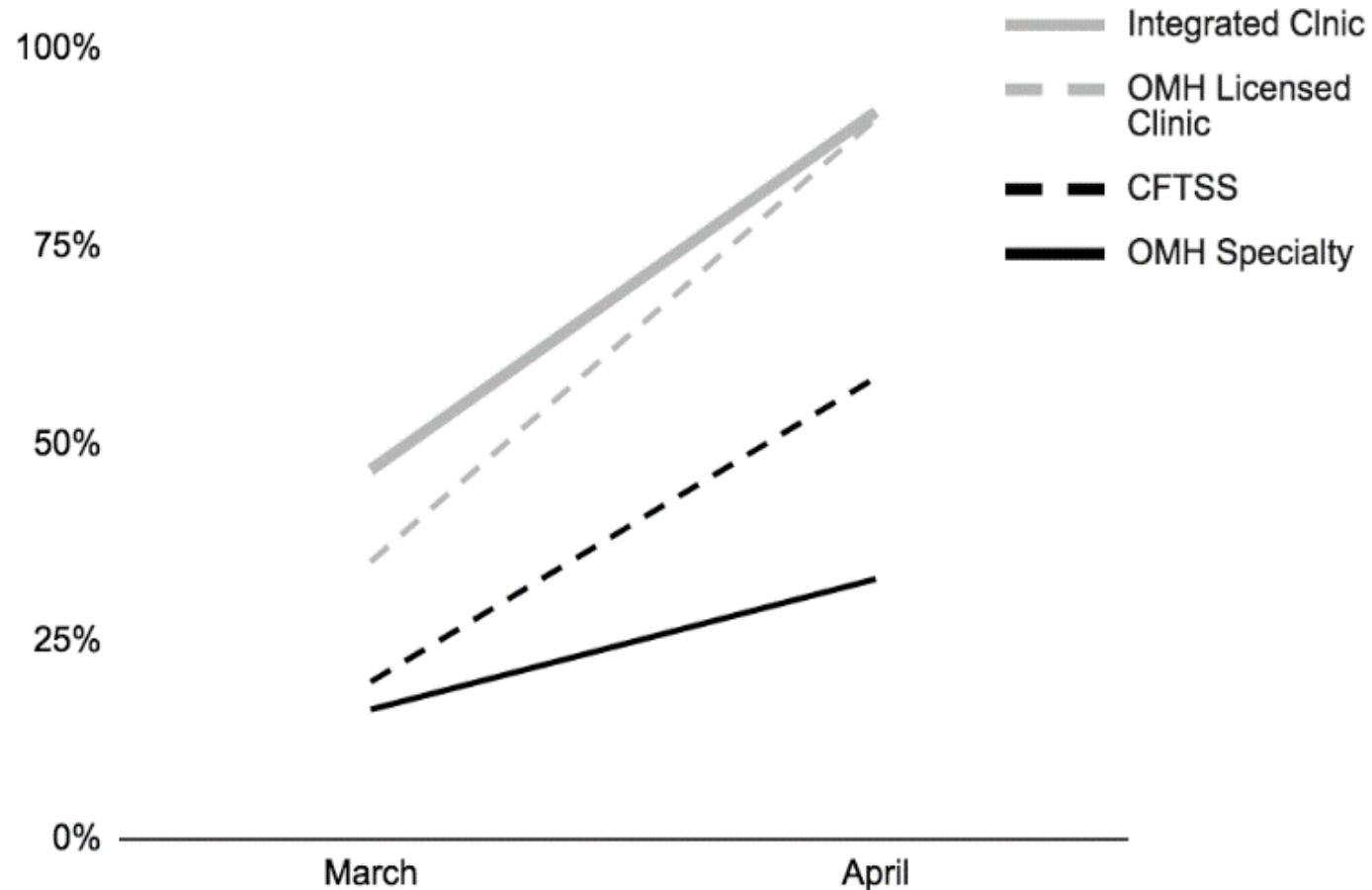
Service Use Trends: ACT and PROS

New York State Medicaid enrollees receiving ACT or PROS from March -July 2020 as a percentage of New York State Medicaid enrollees receiving ACT or PROS from March -July 2019
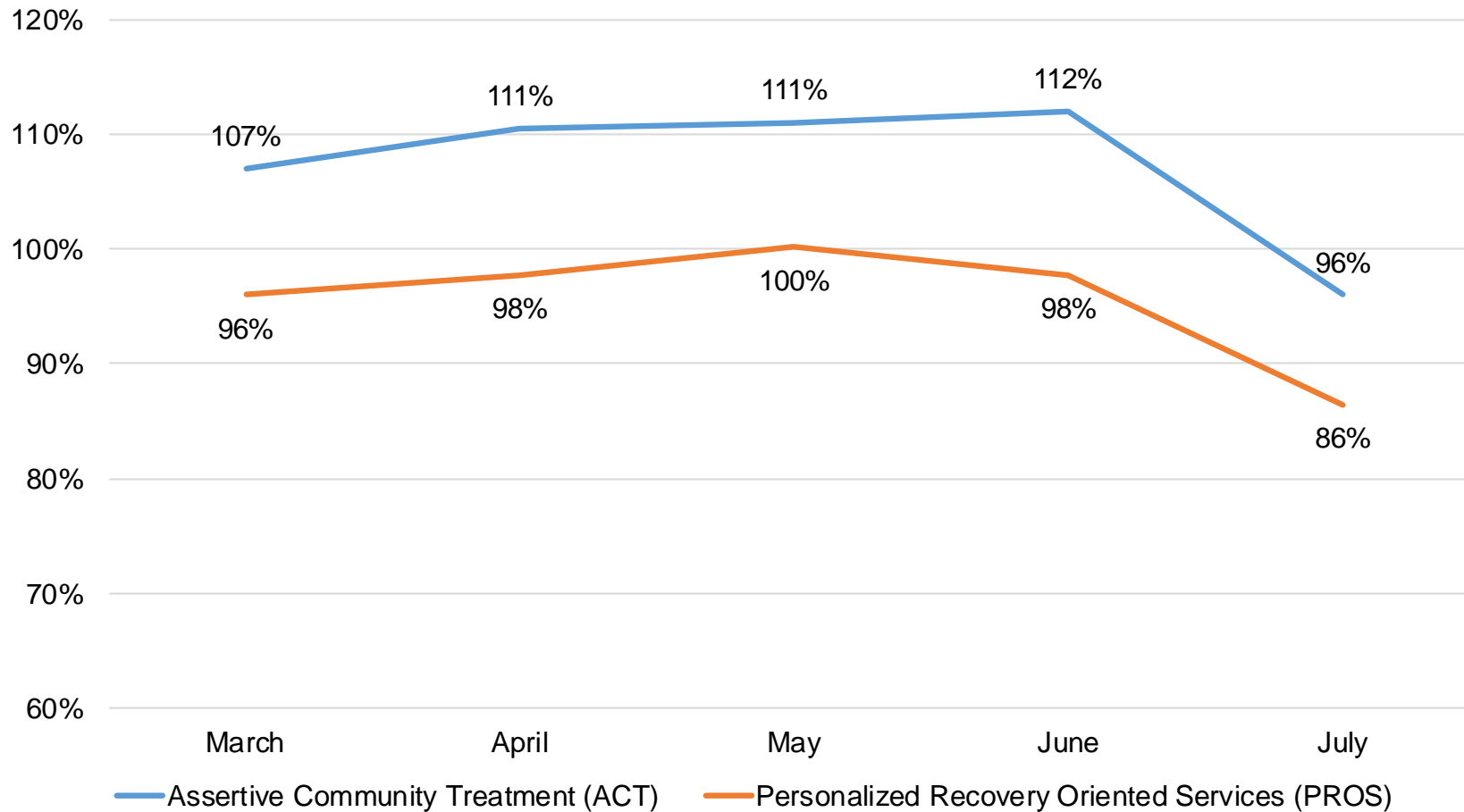
Service Use Trends: Telehealth

Proportion of telehealth claims by OMH ambulatory service type, March 1, 2020 – April 30, 2020

Section 4: Proposed 2021 TCGP Measure Set

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2021 TCGP Primary Care Domain **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

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Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2021 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
Kidney Health Evaluation for Patients With Diabetes (KED)*	NCQA	-	P4R
~~Medication Management for People with Asthma*~~	~~NCQA~~	~~NQF 1799~~	~~P4P~~

* Measure ~~removed~~ from HEDIS 2021 Measure Set
**Measure replaced/changed measure by NCQA for 2021 Measure set

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2021 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 Adult	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

** Measure to be Changed for HEDIS 2021

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2021 TCGP Substance Use Domain			
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

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Proposed 2021 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.			
2021 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

* Measure Changed for HEDIS 2021

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Proposed 2021 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.			
2021 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
2021 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

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Section 5: National Quality Measure Updates

NCQA Changes Quality Measures for HEDIS® 2021

Changes to Existing Measures

- Controlling High Blood Pressure (CBP)

- 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 6: Behavioral Health Care Collaboratives (BHCC) Data Dashboard

NYS BHCC / BH IPA Data Dashboards and Measures

- **SUMMARY:**
  - Dashboard Development
  - All 18 BHCCs have developed, or are developing, integrated dashboards for use in areas including, but not limited to, quality improvement, integrated care, and utilization management.
  - Of these:
    - Six (33%) have purchased platforms such as Netsmart, SpectraMedix, and others to develop customized dashboards for their provider networks.
    - Two BHCCs collaborated on a joint venture to develop a data warehouse called Innovative Management Services of New York (IMSNY), now called <u>REIFY</u>, to coordinate information technology (IT), data analytics, telehealth initiatives, value-based payment strategies and management services for IPAs and other entities.
    - Seven BHCCs (38%) primarily use the customized PSYCKES view to serve as the basis for their integrated dashboard reports.
      - Of the seven, four use their local RHIOs to supplement and enrich their dashboard reports.
      - Two BHCCs collaborate with, and use, their local RHIOS/ Qualified Entities as the sole source of data to develop their provider network's health utilization data.

NYS BHCC / BH IPA Data Dashboards and Measures

- **Data Types**
  - Eleven BHCCs (61%) used HEDIS and QARR measures with a few self -selected behavioral health-related measures to propose value propositions for payers in value-based payment arrangements. BHCCs use these measures to coordinate care and develop value-based conversations with their provider network.
  - Three BHCCs (16%) have direct or downstream VBP contracts and specific measures for their contracts.

Section 7: Measures of Functioning, Recovery, & Social Determinants of Health

NYAPRS* Conversations on Measures of Functioning, Recovery, and Social Determinants of Health

- Discussions acknowledged important ongoing lack of reliable and valid measures of important processes and outcomes in behavioral health care

- Emphasized need for State to push for more and better data and measures, E.g.:
  - Functional needs assessments (HCBS Annual Eligibility Evaluation)
  - Health Home Special Populations Flags (Homeless)
  - Accountable Health Communities Health -related Social Needs Screening Tool focus on Food Insecurity
  - Improve uptake of ICD-10 coding by physicians for SDH Z codes across NYS
  - Appropriately incentivize providers to address SDH in New York State through the creation and uptake of SDH-centric quality measurement that could serve as a critical tool to improve housing, employment, incarceration and education status among Medicaid beneficiaries.

*New York Association of Psychiatric Rehabilitation Services

SDH Measure Opportunity: InCK Demonstration

- **Access to, and effectiveness of, *clinical care***
  - The percent of children that received a well -care visit during the previous year
  - The percent of children aged 12 – 17 years that screened positive for depression and have a documented follow-up plan in place
  - The percent of children aged 6-17 years that received follow-up care after being hospitalized for a mental illness
  - The percent of children aged 1-17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care
  - The number of emergency department visits among children aged 19 years and younger

Using well-established clinical measures

- **Improvements in population health and *Social Determinants of Health* (SDH):**
  - ***Food Insecurity***: The percent of InCK members who have experienced food insecurity over the past year (e.g. lack of adequate food, or have worried that food could run)
  - ***Housing Stability*** : The percent of InCK members who have experienced housing instability in the past year (e.g. homelessness, or having worried they may not have a safe or stable place to live)
  - ***Education – Chronic Absenteeism***: The percent of grade 1-12 students that were absent at least 10% of enrolled days
  - ***Education – Kindergarten Readiness***: The percent of prekindergarten children assessed as making gains in language, cognitive, an social skills

Need to develop new measure specifications and data pathways

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SDH Measure Reporting Timeline

- **Calendar Year 2020 and 2021:**
  - NYSDOH and Montefiore working with CMS to define SDH measures, identify data sources, and develop a measurement methodology
- **Calendar Year 2022:**
  - Measurement and Reporting for SDH measures (food, housing, and education) will start in 2022
  - The first test reporting period will measure a member's performance for a given measure between January 1, 2022 – March, 31 2022. This data will be submitted to CMS on July 30, 2022
- **Calendar Year 2023 and on:**
  - Reporting occurs on an annual basis thereafter

- **Example:** Calendar Year 2024 will measure performance between January, 2023 – December, 2023. The data for this measurement period will be submitted to CMS in July, 2024

Section 8: Summary & Next Steps

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Questions

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov

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