



**Department
of Health**

**Medicaid
Redesign Team**

Value Based Payment (VBP) Account Implementation: February Webinar

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Agenda

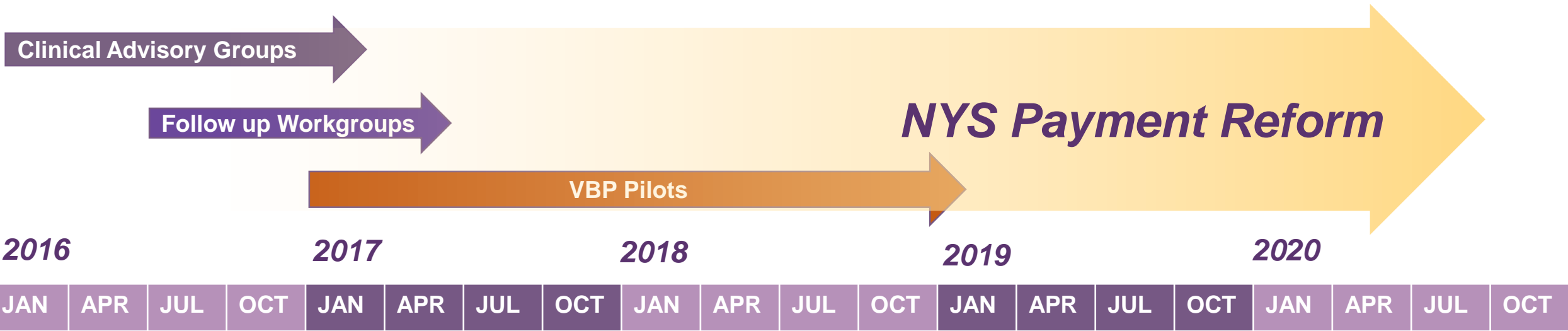
Topic	Presenter	Duration
Programmatic Overview	Jason Helgerson	20 min
Addressing Pivotal Questions: Finance and Performance Adjustments	Michael Dembrosky and Carlos Cuevas	20 min
VBP Pilot Quality Measure Sets for Maternity and Health and Recovery Plan (HARP) Arrangements for Measurement Year 2017	Doug Fish, MD	40 min
Open Forum	Carlos Cuevas	10 min

Programmatic Overview

Jason Helgerson

The Role of Pilots in VBP Transformation

VBP Pilots play an influential role in testing and informing the implementation of the value based payment program in New York State.



DSRIP Goals

- ★ **DY3 - April 2018**

≥ 10% of total MCO expenditure in Level 1 VBP or above
- ★ **DY4 – April 2019**

≥ 50% of total MCO expenditure in Level 1 VBP or above.
≥ 15% of total payments contracted in Level 2 or higher
- ★ **DY5 – April 2020**

80-90% of total MCO expenditure in Level 1 VBP or above
≥ 35% of total payments contracted in Level 2 or higher

VBP Pilot Accounts are the Early Adopters of VBP Implementation

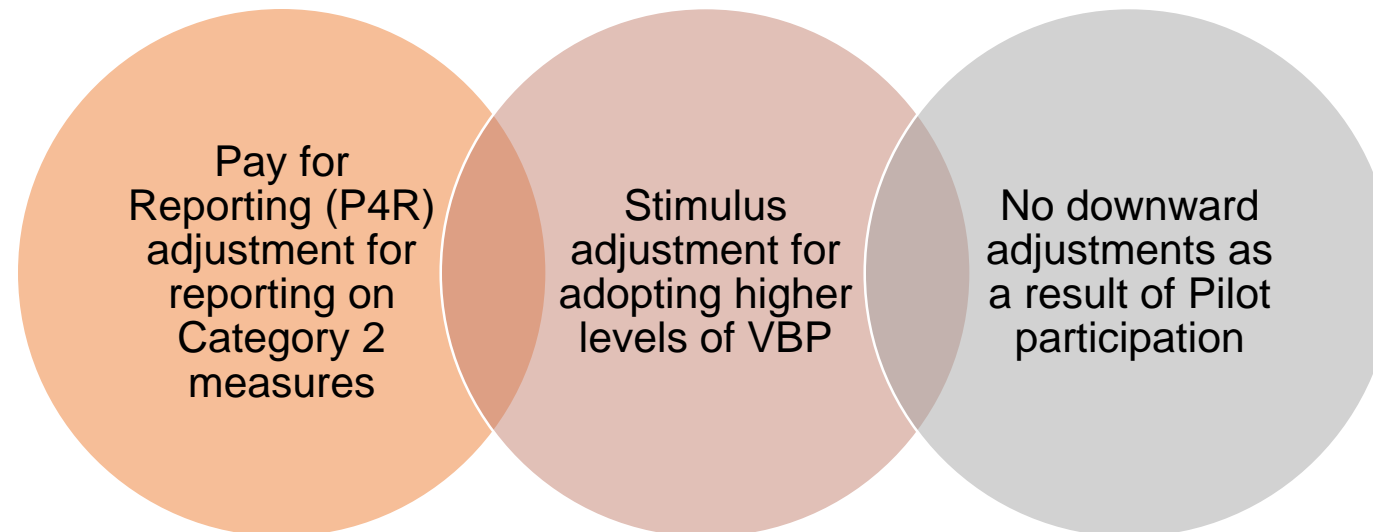
Participants are required to:

- Adopt on menu VBP arrangements, per NYS VBP Roadmap guidelines
- Submit a VBP contract (or contract addendum) by April 1, 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 1, 2017)
- Include a minimum of two (2) distinct Category 2 measures for each arrangement being contracted, or have a State and Plan approved alternative
 - Quality measures included in this webinar are approved for inclusion in pilot contracting
- Move to Level 2 VBP arrangements in Year 2 of the Pilot Program
 - Pilots who are unable to move to Level 2 in Year 2 (April 2018) will be disqualified from the Program

Insights from pilot participants are key to supporting the evolution of the VBP implementation process.

VBP Pilot Program Goals

- Pilots are intended to:
 - Create momentum in the move from FFS to VBP
 - Establish early successes and best practices
 - Learn from implementation challenges and provide invaluable input into the design of VBP in New York State
 - Test new outcome measures, where necessary to improve design of VBP arrangements
- Financial benefits of participating in the Pilot Program for MCOs and providers:



Benefits of Participating in the VBP Pilots

The two year Pilot Program provides unique access and support to participants throughout the duration of the program.

Education

- Pilot specific educational webinars
- Support developed explicitly for the contracting of VBP arrangements
- Priority communications as policies are finalized
- Ongoing Q&A

Access

- Direct access to the Department of Health VBP team, which is focused on coordinating responses from across the department
- Early MAPP portal access and data analysis as it becomes available, expected July 2017

Addressing Pivotal Questions: Finance and Performance Adjustments

Carlos Cuevas and Michael Dembrosky

Outstanding Questions Focused on the Following Topics:

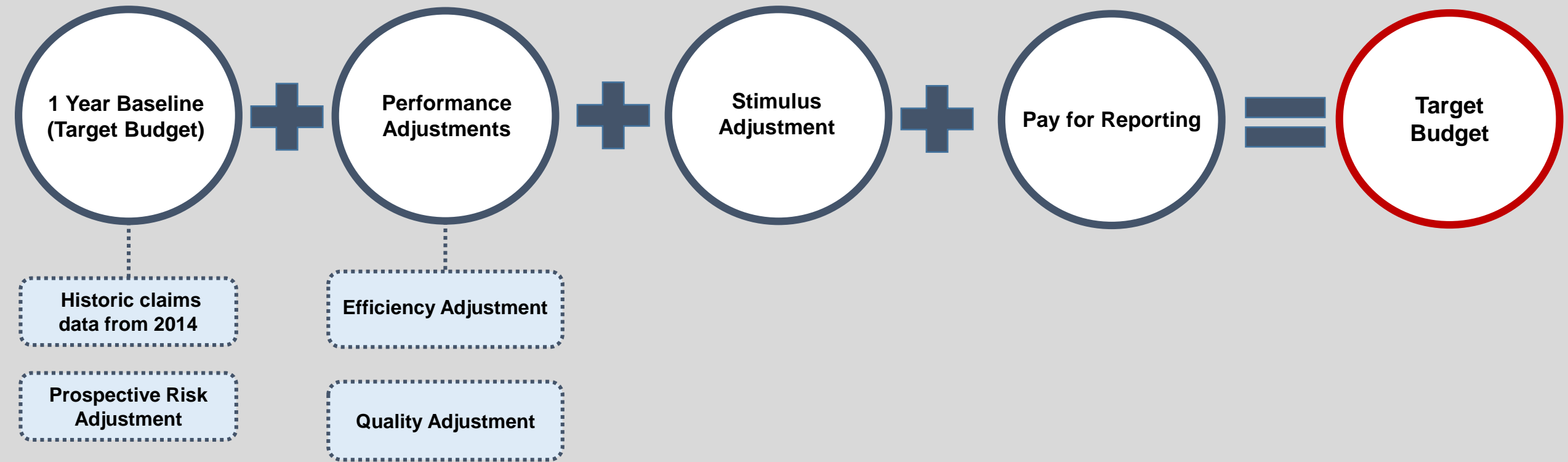
Methodology for Target Budget

Timelines for Payments

Efficiency and Quality
Percentiles

Performance Adjustment
Amounts

Primary Target Budget Components



Adjusted Target Budget – Formula



***Purpose:** To incentivize providers to undertake more risk and engage in high levels of risk by being early adopters of VBP, the adjusted target budget rewards providers for their participation by creating greater potential for generating shared savings.*

Methods:

Adjusted Target Budget =

Baseline Target Budget X (1 + Performance Modifier + Stimulus Modifier + P4R Modifier)

- Performance Modifiers will range from 0% – 6% depending on the VBP Arrangement. **DOH will fund this adjustment.**
- Stimulus Modifiers will range from 0% – 1% depending on the VBP Arrangement. **DOH will fund this adjustment.**
- Pay For Reporting Modifiers will range from 0% – 1% depending on the VBP Arrangement. **DOH will fund this adjustment.**
- DOH will not fund an MCO Participation Bonus at this time but will consider it in the future depending on available budgets.

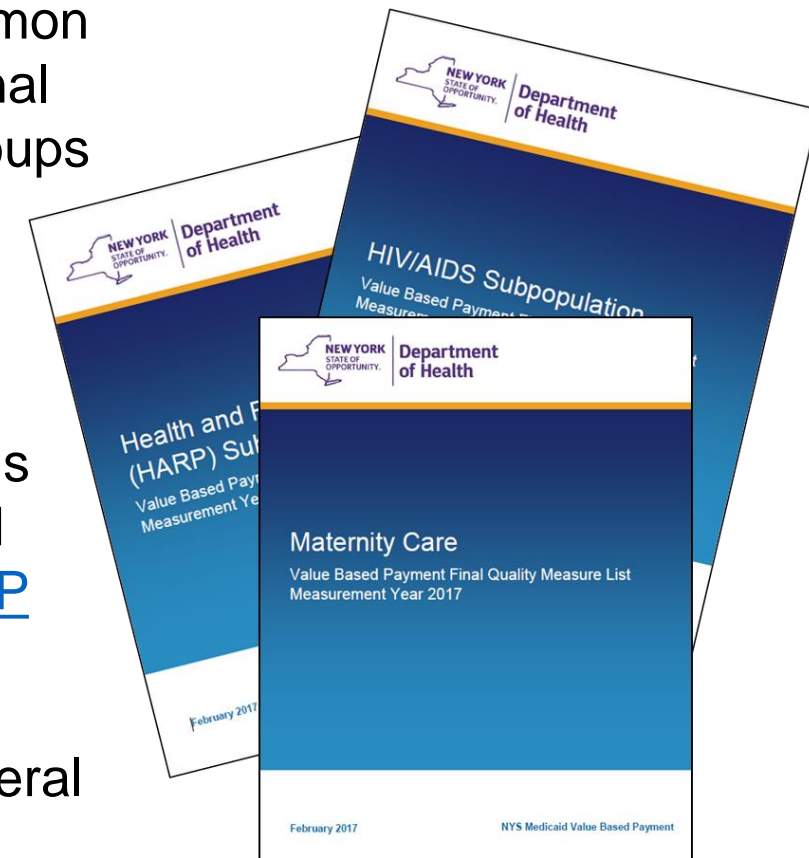
Additional reference materials distributed on 2/24/17.

Quality Measure Sets for Maternity, HIV/AIDS, Health and Recovery Plans (HARP) and IPC Arrangements - Measurement Year 2017

Douglas G. Fish, MD

Value Based Payment Program Measurement Year 2017 Quality Measure Sets

- As outlined in the VBP Roadmap, the State has established a common set of quality measures for each VBP arrangement based on national standards and the recommendations from the Clinical Advisory Groups (CAGs) and Technical Design Subcommittees, which were subsequently approved by the VBP Workgroup.
- The Measurement Year (MY) 2017 Quality Measure Sets for the Maternity, HIV/AIDS Subpopulation, and Health and Recovery Plans (HARP) Subpopulation VBP arrangements have been finalized and posted to the [New York State Department of Health \(NYSDOH\) VBP website](#).
- Additional measure sets supporting the IPC, Total Cost for the General Population (TCGP), and Managed Long Term Care (MLTC) VBP arrangements are under final review.



Measure Classification

- In 2016, the CAGs [published measure recommendations](#) to the State for each VBP arrangement. Upon receiving the CAG recommendations, the State conducted further feasibility review and analysis to define a final list of measures for inclusion during MY 2017.
- The final measure sets include measures classified by category based on an assessment of reliability, validity, and feasibility; and according to suggested method of use (either Pay for Reporting (P4R) or Pay for Performance (P4P)).

Categorizing and Prioritizing Quality Measures



CATEGORY 1

Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.



CATEGORY 2

Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2017 pilot program.



CATEGORY 3

Measures that are insufficiently relevant, valid, reliable and/or feasible.

Category 1 Measures

- Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible.
- The State classified each Category 1 measure as either P4P or pay for reporting 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 Managed Care Organization (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 should include a minimum of two Category 2 measures 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 Sets – Measurement Year 2017

- The 2017 VBP Measure Sets have been provided by the State as a recommendation, though all Category 1 measures must be reported. Implementation is to be determined between the MCO and VBP Contractor.
- Measure sets and classifications are considered dynamic and will be reviewed annually. Updates will include additions, deletions, reclassification of measure category, and reclassification from P4R to P4P based on experience with measure implementation in the prior year.
- During 2017, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2018.
- Additional measure sets supporting the IPC, TCGP, and MLTC VBP arrangements are under final review and will be made available in early March.

Maternity Measure Set

MY 2017 VBP Measure Sets

Maternity – Category 1 Measures

The Category 1 Maternity measure set table includes measure title, measure steward, the National Quality Forum (NQF) number and/or other measure identifier (where applicable), and State determined classification for measure use.

Measure	Measure Steward	Measure Identifier	Classification
Frequency of Ongoing Prenatal Care	National Committee for Quality Assurance (NCQA)	NQF 1391	P4P
Prenatal & Postpartum Care (PPC)— Timeliness of Prenatal Care & Postpartum Visits	NCQA	NQF 1517	P4P
C-Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission (TJC)	NQF 471	P4R
Incidence of Episiotomy	Christiana Care Health System	NQF 470	P4R

Maternity – Category 1 Measures (cont.)

Measure	Measure Steward	Measure Identifier	Classification
Long-Acting Reversible Contraception (LARC) Uptake ¹	US Office of Population Affairs	NQF 2902	P4R
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	NQF 480	P4R
Percentage of preterm births	NYSDOH Vital Statistics	-	P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Centers for Medicare and Medicaid Services	NQF 0418	P4R
Risk-Adjusted 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

¹ LARC is a two-part measure. The State recommends the Contraceptive Care - Postpartum measure be used

Maternity – Category 2 Measures

The Category 2 Maternity measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable).

Measure	Measure Steward	Measure Identifier
Antenatal Hydroxyl Progesterone	New Measure	-
Antenatal Steroids	TJC	NQF 476
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Hospital Corporation of America	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	NQF 475

Maternity – Category 2 Measures (cont.)

Measure	Measure Steward	Measure Identifier
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Massachusetts General Hospital	NQF 1746
Monitoring and reporting of NICU referral rates	New Measure	-
Neonatal Mortality Rate	AHRQ	NQI 2
Postpartum Blood Pressure Monitoring	New Measure	-
Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated	AHRQ	IQI 22

HIV/AIDS Measure Set*

MY 2017 VBP Measure Sets

**The Category 1 measure set will be expanded to include IPC services relevant to this population, consistent with the finalized IPC Arrangement measure set expected in March 2017.*

HIV/AIDS – Category 1 Measures

The Category 1 HIV/AIDS Subpopulation measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable), and State determined classification for measure use.

Measure	Measure Steward	Measure Identifier	Classification
HIV Viral Load Suppression	Health Resources and Services Admin (HRSA)	NQF 2028	P4P
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	NCQA	NQF 0409	P4P
Linkage to HIV Medical Care	HRSA	N/A	P4R
Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year	Altarum Institute (HCI3)	-	P4R
Substance Use Screening	NYSDOH AIDS Institute	-	P4R

HIV/AIDS – Category 2 Measures

The Category 2 HIV/AIDS Subpopulation measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable).

Measure	Measure Steward	Measure Identifier
Diabetes Screening	NYSDOH AIDS Institute	-
Hepatitis C Screening	HRSA	-
Housing Status	HRSA	-
Medical Case Management: Care Plan	HRSA	-
Prescription of HIV antiretroviral therapy	HRSA	NQF 2083
Sexual History Taking: Anal, Oral, and Genital	NYSDOH AIDS Institute	-

HARP Measure Set*

MY 2017 VBP Measure Sets

**The Category 1 measure set will be expanded to include IPC services relevant to this population, consistent with the finalized IPC Arrangement measure set expected in March 2017.*

HARP – Category 1 Measures

The Category 1 HARP Subpopulation measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable), and State determined classification for measure use.

Measure	Measure Steward	Measure Identifier	Classification
Continuity of care within 14 days of discharge from any level of SUD inpatient care	New Measure	-	P4P
Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications	NCQA	-	P4P
Follow-up after emergency department visit for alcohol and other drug dependence	NCQA	-	P4P
Follow-up after hospitalization for mental illness (within 7 and 30 days)	NCQA	-	P4P

HARP – Category 1 Measures (cont.)

Measure	Measure Steward	Measure Identifier	Classification
Initiation of pharmacotherapy for opioid dependence within 30 days	New Measure	-	P4P
Rate of readmission to inpatient mental health treatment within 30 days	Office of Mental Health / Office of Alcoholism and Substance Abuse Services	-	P4P
Initiation of pharmacotherapy for alcohol use disorder within 30 days	New Measure	-	P4R
Percentage of members enrolled in a Health Home	New Measure	-	P4R
Percentage of members who maintained/obtained employment or maintained/improved higher education status	New Measure	-	P4R

HARP – Category 1 Measures (cont.)

Measure	Measure Steward	Measure Identifier	Classification
Percentage of members who receive PROS or HCBS for at least 3 months in reporting year	New Measure	-	P4R
Percentage of members with maintenance of stable or improved housing status	New Measure	-	P4R
Percentage of members with reduced criminal justice involvement	New Measure	-	P4R

HARP – Category 2 Measures*

The Category 2 Maternity measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable).

Measure	Measure Steward	Measure Identifier
Continuing engagement of alcohol and other drug dependence treatment (CET)	New Measure	-
Percentage of mental health discharges followed by two or more mental health outpatient visits within 30 days	New Measure	-
Utilization of pharmacotherapy for alcohol use disorder	New Measure	-
Utilization of pharmacotherapy for opioid dependence	New Measure	-

**The HARP Subpopulation CAG reconvened on November 17, 2016 to refine measure recommendations based on feedback from the VBP pilot providers. The final recommendations to the State are aligned with the measures presented in the Category 1 and Category 2 measure set tables included in this document.*

Integrated Primary Care (IPC) **DRAFT** Measure Set

VBP Pilot organizations are to consider this list final for their contracting purposes, while the final measures for non-Pilot VBP contractors will be confirmed at a later date.

The MY 2017 IPC Measure Set is currently under review and is expected to be finalized in March 2017.

DRAFT MEASURE SET**IPC – Category 1 Measures**

The Category 1 IPC measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable), and State determined classification for measure use.

Measure	Measure Steward	Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Adherence to Statins for Individuals with Diabetes Mellitus	CMS	NQF 0545	P4R
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	NQF 0105	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P

DRAFT MEASURE SET**IPC – Category 1 Measures (cont.)**

Measure	Measure Steward	Measure Identifier	Classification
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Childhood Immunization Status	NCQA	NQF 0038	P4P
Chlamydia Screening for Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0043	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	NQF 0056	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	NQF 0575	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P

DRAFT MEASURE SET**IPC – Category 1 Measures (cont.)**

Measure	Measure Steward	Measure Identifier	Classification
COMPOSITE MEASURE* Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NCQA	NQF #s 0055, 0062, 0057	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	NQF 0057	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P

*Both the composite measure and the unique sub measures will be reported in order to clarify the relationship of the composite score to the underlying construct of quality.

DRAFT MEASURE SET**IPC – Category 1 Measures (cont.)**

Measure	Measure Steward	Measure Identifier	Classification
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 Dependence Treatment (IET)	NCQA	NQF 0004	P4P
Initiation of Medication-Assisted Treatment (MAT) for Alcohol Dependence	NYSDOH Office of Alcoholism and Substance Abuse Services (OASAS)	-	P4R

DRAFT MEASURE SET**IPC – Category 1 Measures (cont.)**

Measure	Measure Steward	Measure Identifier	Classification
Initiation of Medication-Assisted Treatment (MAT) for Opioid Dependence	NYSDOH OASAS	-	P4P
Medication Management for People With Asthma (ages 5 - 64) – 50 % and 75% of Treatment Days Covered	NCQA	NQF 1799	P4P
Potentially Avoidable Complications in routine sick care or chronic care	Altarum Institute (HCI3)	-	P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	NQF 0421	P4R

IPC – Category 1 Measures (cont.)

DRAFT MEASURE SET

Measure	Measure Steward	Measure Identifier	Classification
Preventive Care and Screening: Influenza Immunization	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0041	P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	NQF 0418	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Readmission to mental health inpatient care within 30 days of discharge	NYSDOH Office of Mental Health	-	TBD
Statin Therapy for Patients with Cardiovascular Disease	NCQA	n/a	P4R

IPC – Category 1 Measures

DRAFT MEASURE SET

Measure	Measure Steward	Measure Identifier	Classification
Continuity of Care (CoC) from Detox or Inpatient Rehab to a lower level of SUD treatment (within 14 days).	-	-	TBD
Use of spirometry testing in the assessment and diagnosis of COPD	-	-	TBD
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	-	-	TBD

DRAFT MEASURE SET**IPC – Category 2 Measures**

The Category 2 IPC measure set table includes measure title, measure steward, and the NQF number and/or other measure identifier (where applicable).

Measure	Measure Steward	Measure Identifier
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	Washington Circle Group	-
Lung Function/Spirometry Evaluation (asthma)	The American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	American Dental Association (ADA)	NQF 2528
Utilization of Medication-Assisted Treatment (MAT) for Alcohol Dependence	NYSDOH OASAS	-
Utilization of Medication-Assisted Treatment (MAT) for Opioid dependence	NYSDOH OASAS	-

Additional Reference Materials

VBP Support Materials

VBP Resource Library – Final CAG Reports:

- Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library – Final CAG Reports
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/vbp_final_cag_reports.htm

VBP Resource Library:

- Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library

VBP Website:

- Path: DSRIP Homepage → Value Based Payment Reform
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform

Thank you for your ongoing engagement with the
VBP Pilot Program.

A **detailed FAQ document** will be distributed following this session, and the **next VBP Pilot Webinar will be held on March 16**. Details to follow.

For additional questions, please contact the new VBP mailbox:
vbp@health.ny.gov

**Appendix:
Overview of Current Pilot Participation**

VBP Pilot Program – Current Program Participation

The below information references the VBP Pilot participants who are currently moving towards the 4/1/17 contracting deadline.

Arrangement	TCGP	IPC	Maternity	HARP
Number of Pilots*	12	2	2	4
Attribution per Arrangement	~ 184,000	~ 40,000	~ 1,500	~ 5,300

Additional Notes

- While all pilots are expected to move to Level 2 in Year 2 of the Program, 7 TCGP arrangements are currently slated to begin contracting at Level 2 in Year 1
- Attribution totals may change as organizations finalize their respective networks

* A Pilot is defined as the intention of one provider and one managed care organization to contract by 4/1/17, as demonstrated by the submission of a Letter of Intent in December of 2016.