NEW YORK STATE | Department of Health | Medicaid Redesign Team

Value Based Payment (VBP) Account Implementation: March Webinar

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Agenda

Topic	Presenter	Duration
NEW : Program Flexibility and Resources	Carlos Cuevas	10 min
VBP Pilot Quality Measure Sets: Measurement Year 2017 Updates	Doug Fish, MD	30 min
MAPP Overview	Logan Tierney	10 min
Open Forum	Carlos Cuevas	10 min

NEW: Program Flexibility and Resources

Carlos Cuevas

NEW: VBP Pilot Program Flexibility

As part of the Program, VBP Pilot Participants are required to:

- ❑ 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)

Given feedback from pilot participants, particularly concerns around data sharing, **the DOH is willing to establish a grace period allowing pilots to leave the program after submitting signed contracts.**

Pilots that leave the program will become ineligible for Pilot Program Funding. The DOH will communicate the duration of the grace period by the end of the month.

Evaluation of Variations in Attribution and Target Budgets

The DOH will be issuing further guidance around Pilot attribution and target budgets questions. Current background on any discrepancies in information shared is as follows:

Attribution

Attribution requirements were updated to better measure continuous enrollment.

Updates to enrollment requirements included:

1) 3 months of managed care enrollment; and
2) 12 months of continuous Medicaid

If members were part of multiple contractors' NPI lists, then the member was assigned to the contractor whose NPI it was assigned to most.

Target Budgets

Target budgets may have been different from VBP calculations, as a result of the following factors:

- Administrative and non-medical costs
- Missing encounters/encounter data integrity
- Risk adjustment methodology does not distinguish the differences between the general population and subpopulations
- High cost drugs and services are attributed to the premium but not to the target budget

Requirements for VBP Pilots Contracting

The following elements must be in alignment with the VBP Roadmap:

1. VBP Arrangement Type and Level (On Menu)
2. Attribution*
3. Provider Network*
4. Contract Period*
5. Target Budget*
6. Shared Savings / Losses Allocation*
7. Quality Measures
8. Exclusions*
9. Financial Protections (e.g. Stop Loss)*

Further information is available in the VBP Pilot Contracting Webinar:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/2016-09-30_pilot_contract_webinar2.pdf

** Negotiable contracting elements*

Available Resources for Contracting

For further support in moving forward with VBP contracting, the following documents are now final and available on the DOH website:

- New York Department of Health Provider Contract Guidelines for Article 44 MCOs, IPAs, and ACOs
- Standard Clauses for Managed Care Provider/IPA/ACO Contracts
- Provider Contract Statement and Certification Form (DOH-4255)

These materials can be found on the following page:
https://www.health.ny.gov/health_care/managed_care/hmoipa/hmo_ipa.htm

VBP Pilot Quality Measure Sets: Measurement Year 2017 Updates

Douglas G. Fish, MD

Quality Measure Updates

- Quality Measures - Introduction
- Measure Classification
  - Categories 1, 2, and 3
  - Pay for Performance (P4P) / Pay for Reporting (P4R)
- Quality Measure Sets - Updates
  - Total Care for the General Population (TCGP) and Integrated Primary Care (IPC)
  - Maternity
  - Total Care for Special Needs Subpopulations
    - HIV/AIDS
    - Health and Recovery Plans (HARP)
- Final 2017 Measure Count

Value Based Payment Program (VBP) Measurement Year 2017 Quality Measure Sets

- During the first VBP Pilot webinar held on February 24, 2017, outcomes of the State's VBP Measures feasibility review were presented. On March 3rd, the State met with Managed Care Organization (MCO) Medical Directors and their Quality Teams to gain additional feedback. On March 7th the final recommendations were presented and approved by the VBP Workgroup.

- The Measurement Year (MY) 2017 Quality Measure Sets for the TCGP and IPC arrangements have been completed. Maternity, HIV/AIDS Subpopulation, and Health and Recovery Plans (HARP) Subpopulation VBP measure sets have been updated. (Link)

- Additional measure sets supporting the 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 P4R or P4P).

Category 1 Measures

Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors.

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.

Measures can move from P4R to P4P through the annual CAG and State review process or as determined by the 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 to report on 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.

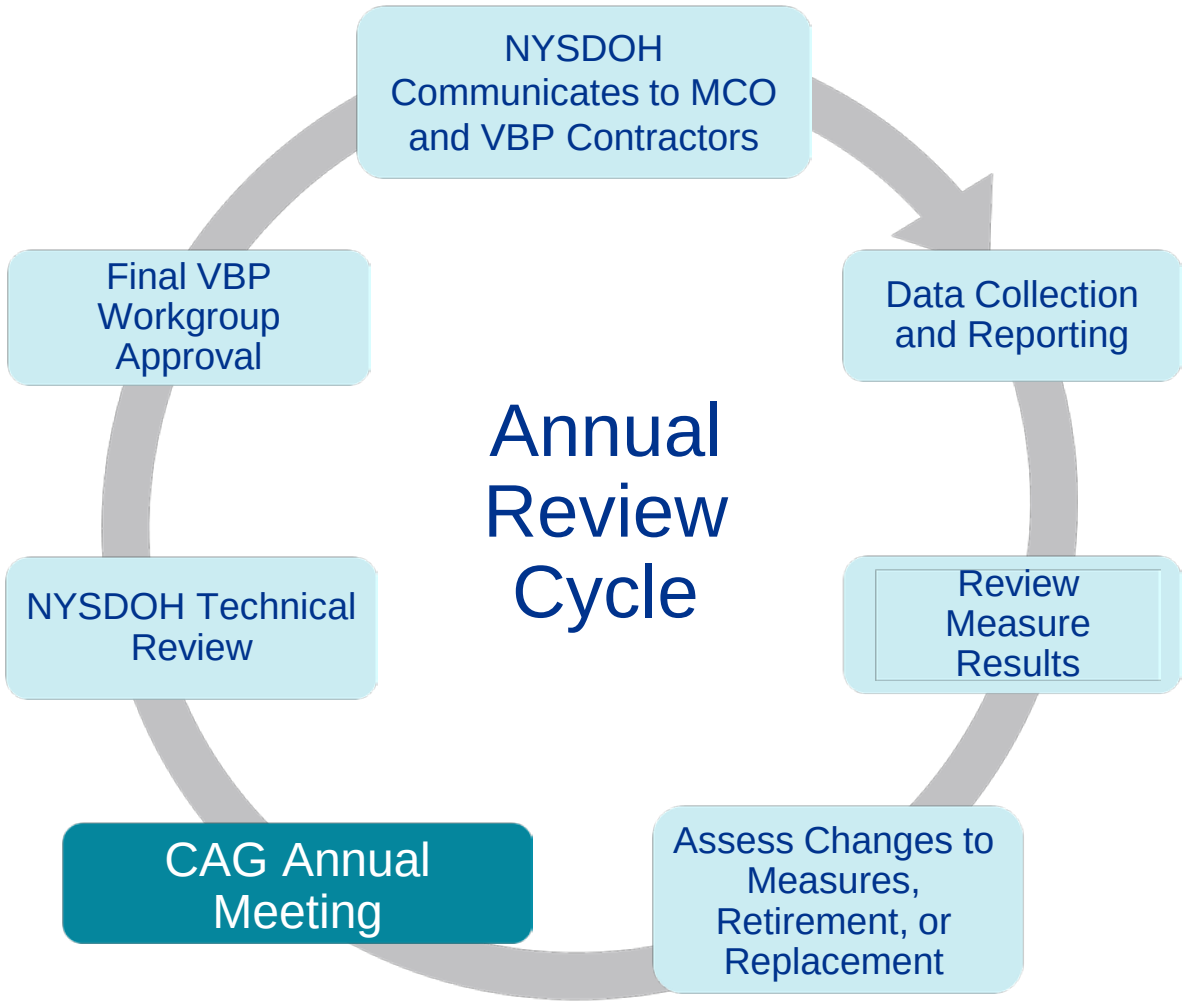
VBP Quality Measure Sets – Measurement Year 2017

- The 2017 VBP Measure Sets have been provided by the State as a recommendation; 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 Measurement Year 2018.
- An additional measure set supporting the MLTC VBP arrangement is under review and will be made available when completed.

> "The Category 1 quality measures identified by each CAG and accepted by the State are to be reported by the VBP contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible (based on their chosen level of VBP and actual performance)".
>
> *VBP Roadmap* pg. 34*

*A Path toward Value Based Payment: New York State Roadmap for Medicaid Payment Reform. Annual Update. June 2016.

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Evaluate any significant changes in evidence base of underlying measures and/or measurement gaps
- Review categorization of measures and make recommended changes

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)

*DOH policy for inclusion/exclusion criteria within VBP measure sets should mirror other NYSDOH programs

Value Based Payment Program

MY 2017 Measure Sets Updates

TCGP/IPC Measure Set

MY 2017 VBP Measure Set Updates

TCGP/ IPC Quality Measure Set Description & Uses

- TCGP and IPC measure sets were originally separate to allow for additional measures for the TCGP arrangement. There are no specific TCGP measures in 2017, therefore the IPC measure set acts as the main list of measures for TCGP.
- The IPC Measure set is the main list of measures for the IPC arrangement. It also completes the HARP and HIV/AIDs measure sets.

The IPC quality measure set is composed of measures which aim to address:

- Prevention
- Routine Sick Care
- 14 Chronic conditions, to include:
  - Physical Health chronic conditions
    - Pulmonary
    - Diabetes
    - Chronic Heart Disease
  - Behavioral Health chronic conditions
    - Depression & Anxiety
    - Substance Use Disorder
    - Bipolar Disorder
    - Trauma & Stressor

VBP Arrangements Using the IPC Quality Measure Set
TCGP
IPC
HARP Subpopulation
HIV/AIDS Subpopulation

TCGP/IPC – Final Categorization

The following measures were listed as TBD during the February 24, 2017 Pilot webinar. The final classifications are noted below.

Measure	Measure Steward	Measure Identifier	Classification
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	National Committee for Quality Assurance (NCQA)	NQF 24	Cat 1 P4P
Use of spirometry testing in the assessment and diagnosis of COPD	NCQA	NQF 577	Cat 1 P4R
Continuity of Care (CoC) from Detox or Inpatient Rehab to a lower level of SUD treatment (within 14 days).	NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS)	-	Cat 2
Readmission to mental health inpatient care within 30 days of discharge	NYS Office of Mental Health (OMH)	-	Removed from IPC, remains in HARP

TCGP/IPC – Category 2 Measures

The draft list of Category 2 IPC measures presented on February 24, 2017 contained 5 measures. The following 6 are in addition to the original 5, bringing the total list to 11 available Category 2 IPC measures.

Added	Measure Steward	Measure Identifier
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	The American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Avoidance of Antibiotic Treatment in adults with acute bronchitis	NCQA	NQF 58
Continuity of Care (CoC) from Detox or Inpatient Rehab to a lower level of SUD treatment (within 14 days).	NYS OASAS	-
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	The Joint Commission	NQF 338
Patient Self-Management and Action Plan	AAAAI	-
Use of Imaging Studies for Low Back Pain	NCQA	NQF 52

Maternity Measure Set

MY 2017 VBP Measure Set

Updates

Maternity – Modification to Measures

The following measure was originally classified as a Category 2 Maternity measure. It has been removed and therefore is no longer in the 2017 measure set.

Measure	Measure Steward	Category
Neonatal Mortality Rate	AHRQ	Removed

Total Care for Special Needs Subpopulations

Total Care for Special Needs Subpopulations

Goal: Improve population health through enhancing the quality care for specific subpopulations that often require highly specific and costly care needs.

- **Subpopulations include**:
  - **HIV/AIDS**
  - **Health and Recovery Plans (HARP)**
  - Managed Long Term Care (MLTC)*
  - Intellectual and Developmental Disabilities (I/DD)*

- All services covered by the associated managed care plans are included, and all members fulfilling the criteria for eligibility to such plans are included.

- The Category 1 measure sets for HARP and HIV/AIDS Subpopulations include TCGP/IPC measures relevant to each subpopulation.

In this arrangement the VBP Contractor assumes responsibility for the care of the specific population, where co-morbidity or disability may require specific and costly care needs, so that the majority (or all) of the care is determined by the specific characteristic of these members.

Total Population

\- TCGP

Subpopulations

* Arrangements are still being developed as of 3/16.

HIV/AIDS Measure Set

MY 2017 VBP Measure Set

Updates

TCGP/IPC for HIV/AIDS– Measure Feasibility Summary

As communicated during the February 24, 2017 Pilot webinar, the HIV/AIDS measure set includes IPC measures relevant to this population. The following IPC measures **are not** included in the HIV/AIDS measure set:

Measure	Rationale for removal	Category
Childhood Immunization Status	Small sample size+	Cat. 1
Chlamydia Screening for Women	Similar measure already in HIV/AIDS measure set	Cat. 1
Potentially Avoidable Complications in routine sick care or chronic care	There will be a specific HIV/AIDS PAC measure assessed for inclusion in 2018	Cat. 1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Small sample size+	Cat. 1
Avoidance of Antibiotic Treatment in adults with acute bronchitis	Measure excludes HIV/AIDS patients in calculation	Cat. 2
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	Small sample size+	Cat. 2
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	Small sample size+	Cat. 2

+The pediatric HIV/AIDS population in NYS is very small, therefore these measures cannot be applied to the VBP Contractor level of measurement.

HARP Measure Set

MY 2017 VBP Measure Set

Updates

TCGP/IPC for HARP– Measure Feasibility Summary

As communicated during the February 24, 2017 Pilot webinar, the HARP measure set includes IPC measures relevant to this population. The following IPC measures **are not** included in the HARP measure set:

Measure	Rationale for removal	Category
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	Not applicable to HARP+	Cat. 1
Childhood Immunization Status	Pediatric measure*	Cat. 1
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	Not applicable to HARP+	Cat. 1
Potentially Avoidable Complications in routine sick care or chronic care	There will be a specific HARP PAC measure assessed for inclusion in 2018	Cat. 1
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Not applicable to HARP+	Cat. 1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Pediatric measure*	Cat. 1
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	Pediatric measure*	Cat. 2
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	Pediatric measure*	Cat. 2

+HARP members are, by virtue of their eligibility for HARP, exempted from basic screening and follow-up measures more applicable to primary care. *HARP population is 21 years and older.

Final Measure Count

MY 2017 VBP Measure Sets

Measurement Year 2017
VBP Category 1 & 2 Measure Counts

	Category 1 P4P	Category 1 P4R	Category 1 Total	Category 2 P4R
TCGP/IPC	**18**	**11**	**29**	**11**
HARP Complete	**18**	**14**	**32**	**9**
HARP IPC	12	8	20	5
HARP Specific	6	6	12	4
HIV/AIDS Complete	**17**	**13**	**30**	**14**
HIV/AIDS IPC	15	10	25	8
HIV/AIDS specific	2	3	5	6
Maternity	**2**	**7**	**9**	**9**

Medicaid Access Patient Portal (MAPP) Tool

Logan Tierney

Goals of the MAPP Tools

1. **Background**
   1. Understanding the Data Set
2. **Our Network and Attributed Members**
   1. Knowing the population served
   2. Understanding the network and patient flows
3. **Rankings**
   1. How am I doing compared to state average?
   2. How am I doing compared to my peers?
   3. Maternity specific performance comparison
4. **Looking for opportunities**
   1. How do I understanding our (lack of) efficiency and areas of improvement ?
   2. Understanding our (lack of) quality performance and areas of improvement?
5. **Performance monitoring**
   1. How am I trending during the contract period on quality and actual costs vs expected?

For Providers

- Arrangement-level Information:
  - Actual vs. Expected Budget
  - Quality Measure Performance
    - PACs
    - Claims-based
    - Non-claims based, though format/process TBD
  - Statewide Performance by peer arrangement
    - Quality (PACs)
    - Efficiency (PAC $)

For NYS / All

- Progress towards VBP Goals
- Status of P4R Measures
- Statewide Performance Rankings
- Transparent Benchmarks for Contracting

For MCOs

- Arrangement-level Information:
  - Same view as providers
  - Arrangement-specific ranking against statewide peers
- Plan-wide Information
  - Quality Measure & Efficiency Rankings against statewide plans

VBP Specific Analytics in the MAPP Tool

- **Future access to VBP Pilot Organizations, MCO and PPS users will include:**
  - Expected costs
  - Potentially Preventable Readmissions (PPRs), Potentially Preventable Visits (PPVs),
  - Risk Adjustments

- **Pilots will receive interim reports prior to receiving MAPP access**
  - These reports should include attribution volumes, costs, and expected costs

Gaining Access to the MAPP Tool

DOH is developing a privacy and security model that will allow organizations with appropriate security plans and agreements to access:

- PHI within MAPP environment and extract member-level performance data for VBP arrangements
  - Potentially provide PHI view-only and PHI-with-export access roles
- Real price data within MAPP environment to extract price information specific to provider and arrangement

To gain access, VBP Pilots will need to complete the following steps:

- ❑ Execute a Data Use Agreement (DUA) with the DOH
- ❑ Establish Health Commerce System (HCS) accounts
- ❑ Establish MAPP accounts

Next Steps and Support

- VBP Pilots are expected to sign contracts by 4/1/2017
- 2014 data and report have been made available
- 2015 data is under evaluation, availability is still to be determined
- All submitted contracts are subject to the grace period (period to be determined)
- Pilots can expect periodic check ins with the State to be scheduled

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.

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