NEW YORK STATE | Department of Health | Medicaid Redesign Team

Value Based Payment (VBP) Pilot Webinar: June Update

June 26, 2017

Agenda

Topic	Duration
Target Budget Update	10 min
MCO DEAA and HCS Accounts	10 min
Quality Measurement Update: Measure Feasibility Task Force	10 min
DOH Internal Lessons Learned	10 min
Next Steps and Open Forum	20 min

Target Budget Update

Target Budget Calculations Using 2015 Claims Data

- In an effort to provide the most recent data to the program participants, the State ran attribution and target budget calculations based on the 2015 claims data.

  - The State has distributed the 2015 attribution to all Pilot Contractors

  - 2015 target budgets are forthcoming

- As a reminder, all Pilots are welcome to calculate their own target budgets using their own calculation methodology

- Additionally, target budgets will be accessible in the VBP Dashboards when they are released (October 2017)

- **Note:** previously communicated stimulus and performance adjustment amounts remain final

Data Exchange Application and Agreement (DEAA) for Pilot Participants

UPDATE: Data Exchange Application and Agreement

- A DEAA is required from all Pilot provider organizations and MCOs in order for the State to share Medicaid data with VBP Pilot participants

- MCOs should complete a DEAA in order to access VBP Dashboards when they go live in October

  - MCOs can still receive data from their Pilot providers so long as the partners have a BAA in place

- Updated DEAA is to be sent out in July/August timeframe

  - At that time VBP contractors and MCOs that wish to receive or access DOH Medicaid data will need to complete or revise their DEAAs.

The June 23rd deadline has been changed because there have been additional updates to the DEAA.

Forthcoming Requirement:
Health Commerce System (HCS) Account Set Up for Pilot Participants

HCS Account Set Up

Creating a HCS account is the first step in gaining access to the Medicaid Analytics Performance Portal (MAPP), which houses the VBP Dashboards.

Pilot HCS Account Set Up

- While some organizations may already have DSRIP HCS accounts, new accounts or designations unique to their VBP entities must be created to permit access to the VBP Dashboards in MAPP

- Once the initial VBP Dashboard Access Form is approved for each VBP contracting entity, the organization will then be able to add their own users to the system

VBP Dashboard Access Form

VBP Implementation Program - MAPP VBP Dashboard Access	
Field	**Response**
VBP Contractor LEGAL Name	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Fax	
County (Name or Code)	
Country	
National Provider Identifier (NPI) #	
Medicaid Management Information System (MMIS) #	
LICENSE # (Only if applicable)	

Coordinator (Single Point of Contact)	
Field	**Response**
Full Name	
Email	
DOB	
Fax #	
Primary Phone #	
Secondary Phone #	

Director (Such as CEO, CFO, CTO, etc.)	
Field	**Response**
Full Name	
Exact Title (CEO, CFO, CTO, etc):	
Email	
DOB	
Fax #	
Primary Phone #	
Secondary Phone #	

- The form will be distributed to multiple contacts at your MCO: please delegate responsibility for form completion

- Information needs to be 100% accurate
  - VBP MCO legal name – Frequently Incorrect

- Identify your Director and Coordinator
  - Director – A person who can bind the organization with NYSDOH (a senior leader)
  - Coordinator – A person who has the responsibility and authority to request and manage Commerce accounts
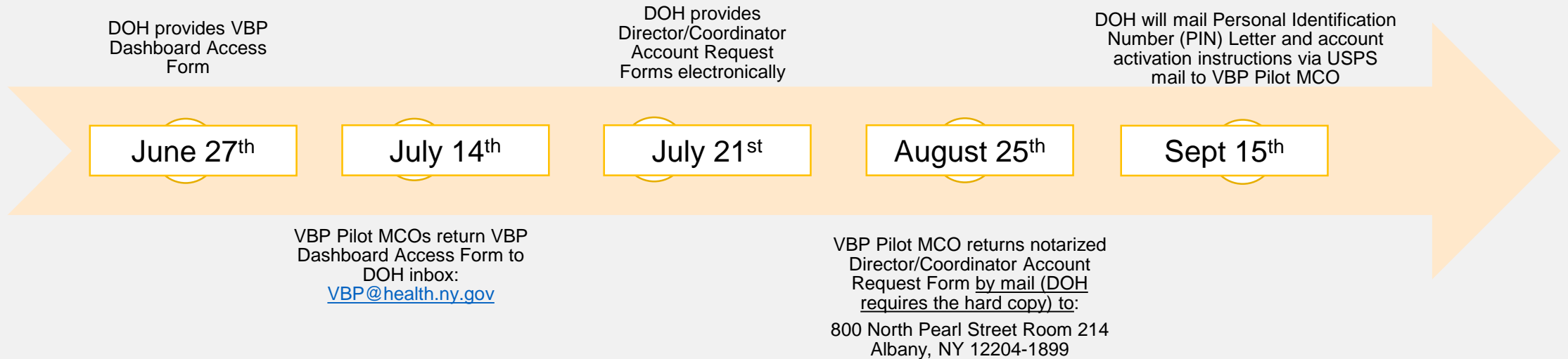
Form Released: June 27th

Due to DOH: July 14th

HCS Account Set Up: MCOs

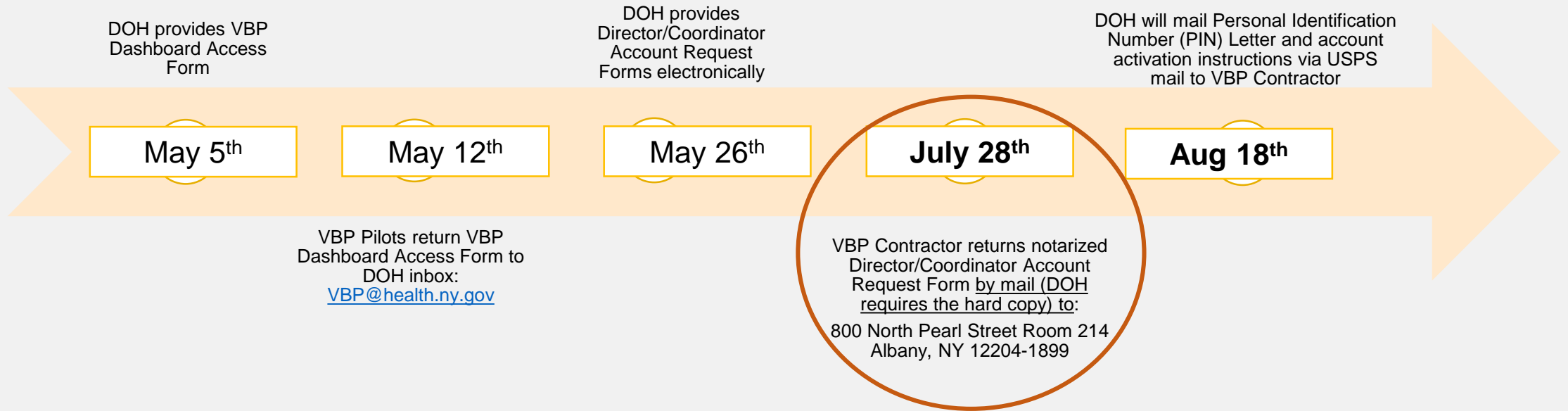A VBP Dashboard Access Form will be sent out to VBP Pilot MCOs on **Tuesday, June 27**.

All VBP MCOs will be required to submit their completed forms by **Friday, July 14.**

Steps for HCS Account Set Up

DOH provides VBP Dashboard Access Form

DOH provides Director/Coordinator Account Request Forms electronically

DOH will mail Personal Identification Number (PIN) Letter and account activation instructions via USPS mail to VBP Pilot MCO

| June 27th | July 14th | July 21st | August 25th | Sept 15th |

VBP Pilot MCOs return VBP Dashboard Access Form to DOH inbox:
VBP@health.ny.gov

VBP Pilot MCO returns notarized Director/Coordinator Account Request Form by mail (DOH requires the hard copy) to:

800 North Pearl Street Room 214
Albany, NY 12204-1899

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HCS Account Set Up Update: VBP Contractors

Steps for HCS Account Set Up

DOH provides VBP Dashboard Access Form

DOH provides Director/Coordinator Account Request Forms electronically

DOH will mail Personal Identification Number (PIN) Letter and account activation instructions via USPS mail to VBP Contractor

May 5th	May 12th	May 26th	July 28th	Aug 18th

VBP Pilots return VBP Dashboard Access Form to DOH inbox:
VBP@health.ny.gov

VBP Contractor returns notarized Director/Coordinator Account Request Form by mail (DOH requires the hard copy) to:

800 North Pearl Street Room 214 Albany, NY 12204-1899

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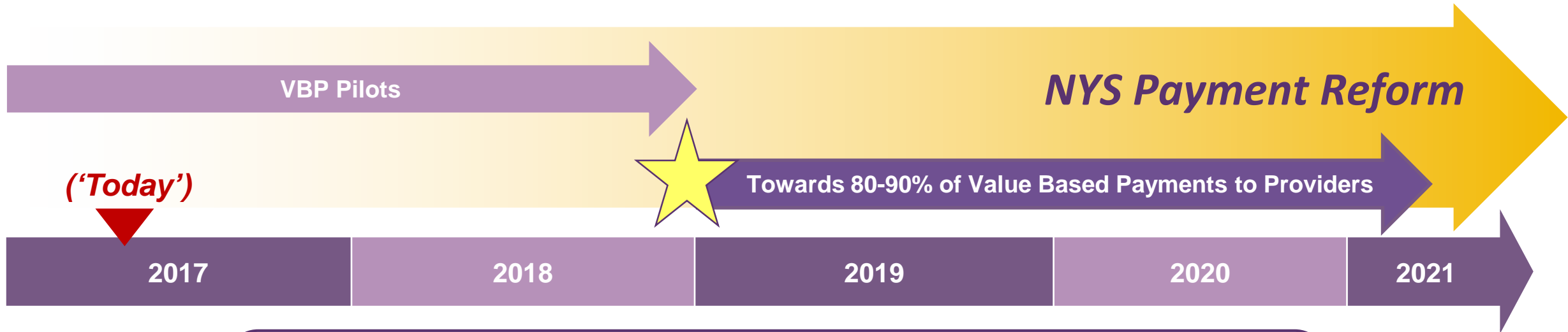
Quality Measurement Update
Measure Feasibility Task Force

VBP Transformation: Overall Goals and Timeline

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.

VBP Pilots

NYS Payment Reform

('Today')

Towards 80-90% of Value Based Payments to Providers

| 2017 | 2018 | 2019 | 2020 | 2021 |

By DSRIP Year 5 (2020), all Managed Care Organizations must employ non fee-for-service payment systems that reward value over volume for at least 80-90% of their provider payments (outlined in the Special Terms and Conditions of the waiver).

Acronym Definition:
New York State (NYS)
Performing Provider System (PPS)
Managed Care Organization (MCO)

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VBP Measure Set Development: *Crawl, Walk, Run!*

Status in VBP	• Several measures require final specifications and/or clinical or other data elements	• Work with measure stewards to develop and finalize specifications	• Fully developed VBP measures included in Measurement Years 2018 and 2019
Data Availability and Sources	• Assess data availability • Identify and investigate potential data sources • Survey technological capabilities	• Implement new data and reporting flows • Develop additional data sources	• Coordination established with Qualified Entities (QEs) for clinical data integration
Data Collection and Infrastructure	• Gather requirements for data collection • Begin developing infrastructure to support new data sources	• Initiate testing and evaluation of data collection methodologies • Work closely with technology vendors	• Data and reporting flows established • New data sources infrastructure established

Note: timelines will vary. The intent is to make substantive contributions within each phase to help realize NYS VBP Roadmap goals.

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VBP Quality Measure Task Force Survey

- The New York State Department of Health is interested in obtaining information from the Pilots in the following categories to help inform the current and future timeline for Value Based Payment (VBP) clinical quality measures:

  1. *Data Collection*
  2. *Unit of Analysis*
  3. *Measure Efficiency*
  4. *Measure Development Process*

- A survey will be distributed to all Pilots on Friday, June 30th.

- **Please respond by July 14th**, regardless of participation in a Task Force sub-team.

- Responses will inform Task Force sub-team discussions and activities.

DOH Internal Lessons Learned

DOH Lessons Learned

Lessons Learned:

- DOH was not sufficiently equipped to expeditiously review incoming Contracts (hence the development of contract review tools).

- The Provider Contract Statement and Certification form (DOH-4255) can be further improved to capture pertinent contract information more clearly (off-menu contract information, Tier vs. Level confusion, etc.) through the development of supplemental tools.

- DEAA form completion is a very iterative process and can be simplified and streamlined (new DUA process forthcoming).

- Given that there are a large number of IT vendors responsible for various parts of data management, calculation, etc., it creates interdependencies between the vendors that cause delays in completion of final data outputs.

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Release Forthcoming: Contracting Checklist Tool

- Depicted below is a visual of a checklist that DOH has created to review contracts.
- This tool will help VBP contractors to develop and negotiate future VBP contracts.
- Our team will notify you when the checklist is posted on the web.

Integrated Primary Care (IPC) Checklist

1 Plan Name _____

2 IPA/ ACO/ Provider Name _____

#	(1) Type of Arrangement (as per the Roadmap)	Review	(2) Definition and Scope of Services	Review (at least one box must be checked)	(3) Quality Measures/Reporting	Review (at least one box must be checked)	(4) A. Risk Level	Review	(4) B. Shared Savings/Losses	Review	(5) Attribution	Review	(6) Target Budget	Review	(7) Social Determinants of Health Intervention	Review	(8) Contracting with Community Based Organizations (starting January 2018)	Review
Verifying Questions	Does the contract match the Roadmap arrangement definition?	☐	Does the scope of services state that it will match the VBP Roadmap definition?	☐	Does the contract commit to reporting on all Category 1 quality measures approved by the State?	☐	Does the contract describe the level of risk chosen by the contracting parties?	☐	Does the risk level correspond with the shared savings/losses minimums?	☐	Does the contract describe the attributed population?	☐	Does the contract describe the Target Budget in this arrangement?	☐	If this is a Level 2 or higher contract, does it commit to implementing at least one intervention to address Social Deteminant(s) of Health?	☐	If this is a Level 2 or higher contract, does it commit to contract with at least one Tier 1 Community Based Organization?	☐
			OR does the contract list all of the episodes (see the list below)?	☐	**OR** does the contract list all of the Category 1 quality measures that it will report on?	☐												
	Integrated Primary Care (IPC) Definition: All Medicaid covered services included in preventive and routine sick care are included, as well as all services included in the 14 Chronic Care Episodes.		Roadmap (page 36): 1. Preventive Care 2. Sick Care 3. Chronic Care, specifically: (1) Hypertension (2) Coronary Artery Disease (CAD) (3) Arrhythmia, Heart Block and Conductive Disorders (4) Congestive Heart Failure (CHF) (5) Asthma (6) Chronic Obstructive Pulmonary Disease (COPD) (7) Bipolar Disorder (8) Depression & Anxiety (9) Trauma & Stressor (10) Substance Use Disorder (SUD) (11) Diabetes (12) Gastro-esophageal reflux disease (13) Osteoarthritis (14) Lower Back Pain **If the contract is missing any of the elements above, this is an OFF-MENU arrangement, it will be reviewed by the Off-Menu Committee.**		Roadmap (page 34) The State mandates reporting all Category Measures in non-menu contracts. Additional measures, beyond those outlined in Categories 1 and 2, may be added to the contract. **If at least one (1) Category 1 measure is missing, this OFF-MENU arrangement will be reviewed by the Off-Menu Committee (inclusion of Category 2 measures is optional).**		Roadmap (pages 19,86): Level 1: FFS with Retrospective Reconciliation Upside Only Risk Level 2: FFS with Retrospective Reconciliation – Up- and Downside Risk Level 3: Prospective Payments (PMPM or Bundled Payments; fully integrated or prospectively mixed bundle). These arrangements may also include additional risk mitigation strategies like risk corridors, stop loss, withholds, etc. The VBP Roadmap requires a minimum amount of risk be adopted per level. In order to be labeled a certain risk level arrangement, it must match definitions listed in Appendix X of the Roadmap.		Roadmap (page 86): While the State does not mandate a shared savings/losses distribution methodology, the following minimums must be met for each VBP Level definitions: - Level 1: Minimum of 40% of shared savings must be allocated to the provider - Level 2: Minimum of 20% of potential losses must be allocated to the provider, and a minimum cap of 3% of the target budget can be applied in Year 1 and 5% in Year 2. *Below these levels, the VBP arrangement is counted as a Level 1 arrangement.* - Level 3: N/A		Roadmap (page 23-24): While the State does not mandate a specific methodology to be used to attribute members to an arrangement, the contract should specify the attribution methodology.		Roadmap (page 24-28): The State does not mandate a specific methodology to be used to calculate Target Budget (TB) for an arrangement. However, the contracts should specify that a target budget will be used.		Roadmap (page 41): VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.		Roadmap (page 42): It is a requirement that starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 Community Based Organization. Tier 1 - Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks). Exception: The State recognizes that CBOs may not exist within a reasonable distance to providers in some regions of New York. In such situations, providers/provider networks can apply to the State for a rural exemption.	
Specify Contract Page Number (optional)																		

Next Steps and Open Forum

Reminder: Upcoming Deadlines

The following deadlines apply to participating VBP Pilots:

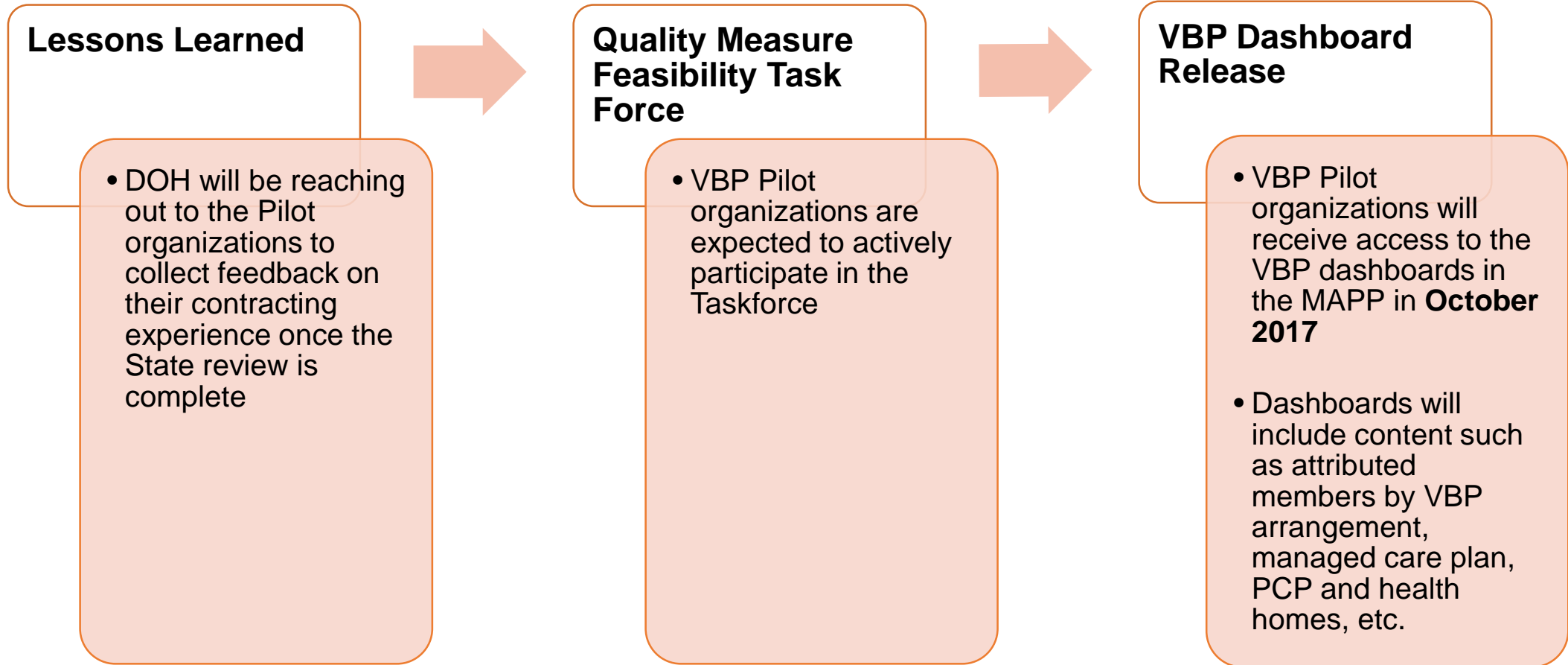| **Friday, June 30**	**June / July 2017**
Submit your updated contracts back to DOH. These contracts should be updated based on the feedback provided	**Grace Period Ends for Program Drop Out**
Friday, July 14	**Friday, July 14**
VBP Pilot MCOs return the HCS Forms to DOH inbox: VBP@health.ny.gov	Response to survey from Quality Measurement Task Force requested

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Next Steps: Summer/Fall 2017

Lessons Learned

- DOH will be reaching out to the Pilot organizations to collect feedback on their contracting experience once the State review is complete

Quality Measure Feasibility Task Force

- VBP Pilot organizations are expected to actively participate in the Taskforce

VBP Dashboard Release

- VBP Pilot organizations will receive access to the VBP dashboards in the MAPP in **October 2017**

- Dashboards will include content such as attributed members by VBP arrangement, managed care plan, PCP and health homes, etc.

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Open Forum

Are there any additional areas of support that VBP Pilots would like to see?

Any immediate concerns or questions?

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

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