



**Department
of Health**

Medicaid
Redesign Team

Maternity

Task Force Sub-team Meeting #1

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Agenda

- Introductions and Meeting Objectives
- VBP Measure Set Development
- Non-claims Based Maternity Care Category 1 Measures in QARR
- Data Source Challenges
- Attribution in Maternity Care Arrangement
- Open Forum

Introductions

One person from each organization:

- Please identify yourself and your team when called upon
- Describe your goals and/or expectations for the sub-team

Objectives of VBP Feasibility Workgroup Sub-teams

1. Clarification of the Unit of Analysis

- VBP Contractor -> Practice Group -> Providers
- VBP Contractor may be the focus for payment, while the practice group or provider may be focus for improvement efforts

2. Data Collection Responsibilities

- Current state and new needs for VBP
- Impact or Gaps - Data flows, data availability, sources of data

3. Maximize Measure Efficiency

- Leverage internal systems, explore use of Qualified Entities (QEs), develop use cases for plans and contractors, avoid duplication of effort

4. Measure Development Process

- Responsibilities for prioritizing measures, measure specification development, field testing and validation

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



Status in VBP	<ul style="list-style-type: none"> • Several measures require final specifications and/or clinical or other data elements 	<ul style="list-style-type: none"> • Work with measure stewards to develop and finalize specifications 	<ul style="list-style-type: none"> • Fully developed VBP measures included in Measurement Years 2018 and 2019
Data Availability and Sources	<ul style="list-style-type: none"> • Assess data availability • Identify and investigate potential data sources • Survey technological capabilities 	<ul style="list-style-type: none"> • Implement new data and reporting flows • Develop additional data sources 	<ul style="list-style-type: none"> • Coordination established with Qualified Entities (QEs) for clinical data integration
Data Collection and Infrastructure	<ul style="list-style-type: none"> • Gather requirements for data collection • Begin developing infrastructure to support new data sources 	<ul style="list-style-type: none"> • Initiate testing and evaluation of data collection methodologies • Work closely with technology vendors 	<ul style="list-style-type: none"> • Data and reporting flows have been established • New data source infrastructure established

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

Claims-based Category 1 Measures: Interim Measure Collection Strategy

- As part of the strategy:
 - Provide a modified version of NCQA's Patient Level Detail (PLD)
 - Adding provider/practice that the member was attributed to using your own plan's attribution methodology
 - DOH to aggregate across plans for full VBP Contractor and Arrangement view
- State would require provider attribution file by VBP Arrangement

Proposed Strategy for Non-claims based Measures as Part of the “Crawl” Step

- Based on the recent feedback from the Managed Care Organizations, a proposed interim solution for MY 2017 is to report non-claims based Category 1 measures that are in QARR using the Administrative specifications.
- Recommendation to include Category 1 non-claims based measures not currently part of QARR into QARR over a multi-year phase-in starting in 2018
 - To align with vendor process
 - To facilitate auditability

Non-claims Based Maternity Care Category 1 Measures in QARR

Measure Title	Classification
Frequency of Ongoing Prenatal Care	P4P
Low Birth Weight (removed "risk Adjusted" from title) [Live births weighing less than 2,500 grams (preterm v. full term)]	P4R
Prenatal & Postpartum Care (PPC)—Timeliness of Prenatal Care & Postpartum Visits	P4P

There are no claims based Maternity Care Category 1 measures in QARR.

Maternity – Category 1 Quality Measures

The **Category 1 table** displays the Category 1 Maternity Measure set and 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.

Category 1 Measure	Measure Steward	Measure Identifier	Classification
C–Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission (TJC)	NQF 0471	P4R
Frequency of Ongoing Prenatal Care**	National Committee for Quality Assurance (NCQA)	–	P4P
Incidence of Episiotomy	Christiana Care Health System	NQF 0470	P4R
Long–Acting Reversible Contraception (LARC Uptake)	United States Office of Population Affairs	NQF 2902	P4R
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
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	NQF 0480	P4R
Percentage of preterm births	NYS Department of Health (DOH)	–	P4R
Prenatal & Postpartum Care (PPC) – Timeliness of Prenatal Care & Postpartum Visits*	NCQA	–	P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow–Up Plan	Centers for Medicare and Medicaid Services	NQF 0418	P4R

*These P4P measures have lost NQF endorsement.

** This measure is being retired.

Data Source Challenges

- A number of issues were raised with respect to the sources of data for Maternity Care measures (e.g., Low Birth Weight and Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay).
- Additional clarity must be provided in order for the State to understand the issues.

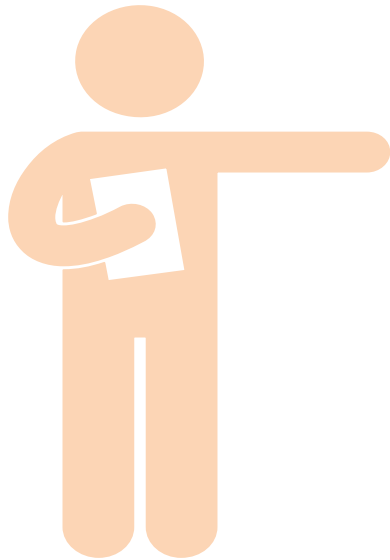


Group discussion: What are the specific challenges?

Attribution in Maternity Care Arrangement

- Challenges related to Attribution in Maternity Care Bundle have been discussed in various settings
- Ultimately, it will be the charge of the Maternity Care CAG to address these challenges

Open Forum



Are there any additional areas of concern that you have with respect to the new measures?

If you have additional questions, please contact the VBP mailbox: **vbp@health.ny.gov**

Meeting Schedule

- Upcoming meetings:
 - Please join us at the HIT Sub-team meeting this Thursday:
 - HIT Task Force Sub Team Meeting #3: 8/24 from 4:00 – 5:00
 - Maternity CAG meeting: 9/12 from 12:30 - 2:00
 - Task Force General Meeting: 9/26 from 9:00 – 10:30
- Additional materials and meeting information will be sent out in the coming weeks.