



**Department  
of Health**

Medicaid  
Redesign Team

# Introduction to Value Based Payments: Maternity Care in Measurement Year 2017

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# NY State's Population Health Initiatives

## **PREVENTION AGENDA**

### Priority Areas:

- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections

## **STATE HEALTH INNOVATION PLAN (SHIP)**

### Pillars and Enablers:

- Improve access to care for all New Yorkers
- Integrate care to address patient needs seamlessly
- Make the cost and quality of care transparent
- Pay for healthcare value, not volume
- Promote population health
- Develop workforce strategy
- Maximize health information technology
- Performance measurement & evaluation

### **ALIGNMENT:**

- Improve Population Health
- Transform Health Care Delivery
- Eliminate Health Disparities

## **MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM**

### Key Themes:

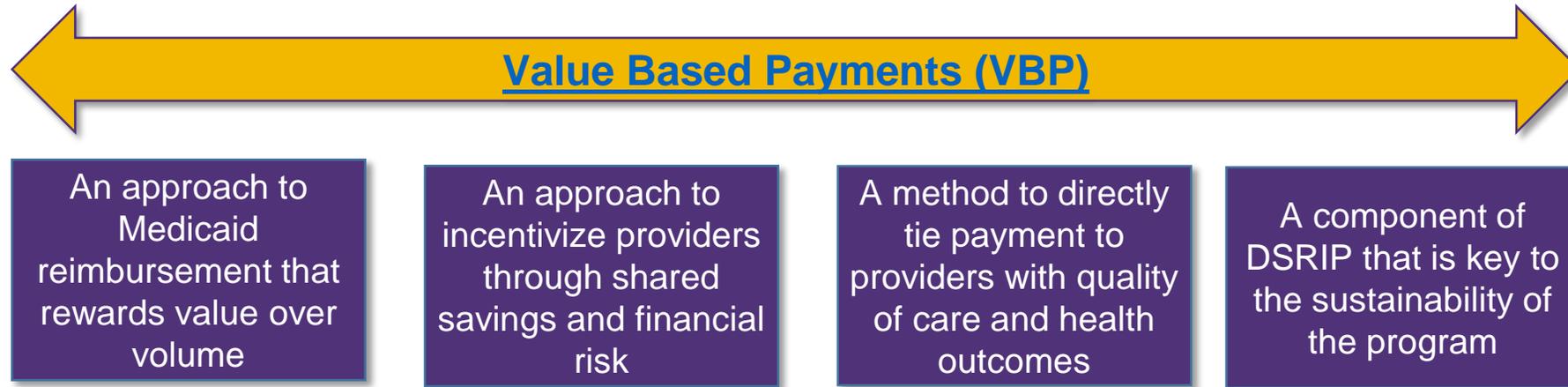
- Integrate delivery – create Performing Provider Systems
- Performance-based payments
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation & health system sustainability

## **POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)**

### PHIP Regional Contractors:

- Identify, share, disseminate, and help implement best practices and strategies to promote population health
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- Serve as resources to DSRIP Performing Provider Systems

# Value Based Payments: Why is this important?



- By DSRIP Year 5 (2020), all Managed Care Organizations (MCOs) must employ VBP systems that reward value over volume for at least 80 – 90% of their provider payments

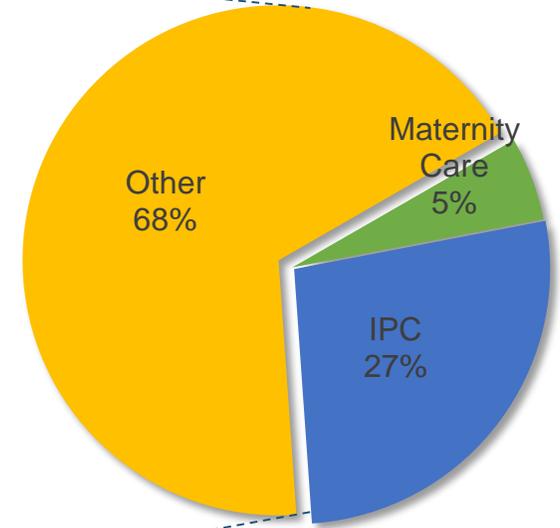
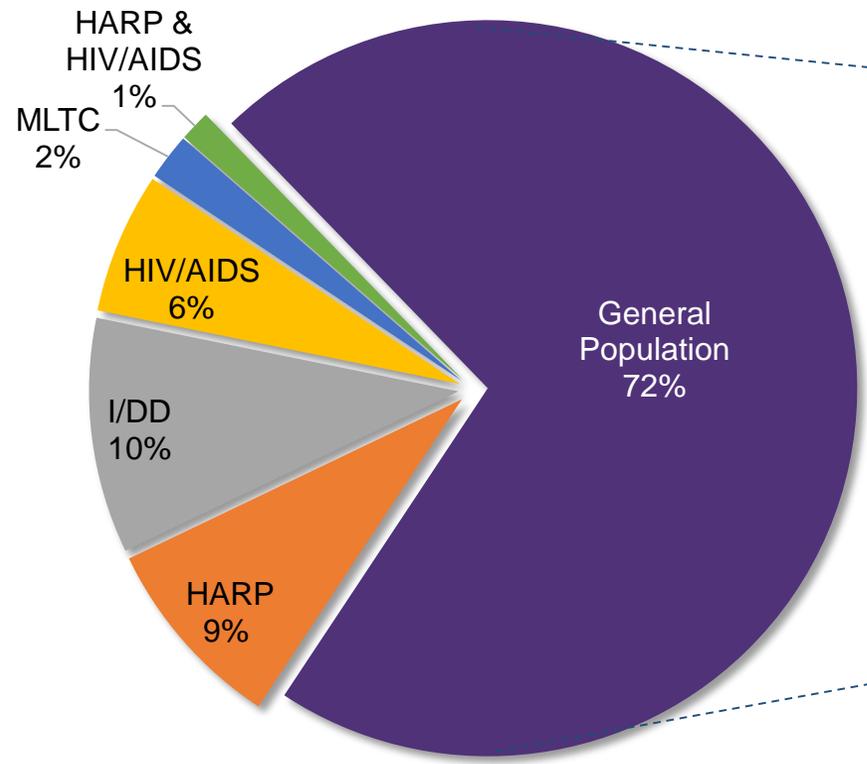


Source: New York State Department of Health Medicaid Redesign Team. *A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform*. NYSDOH DSRIP Website. Published March 2016.

# NYS 2014 Medicaid Costs and VBP Arrangement Breakdown

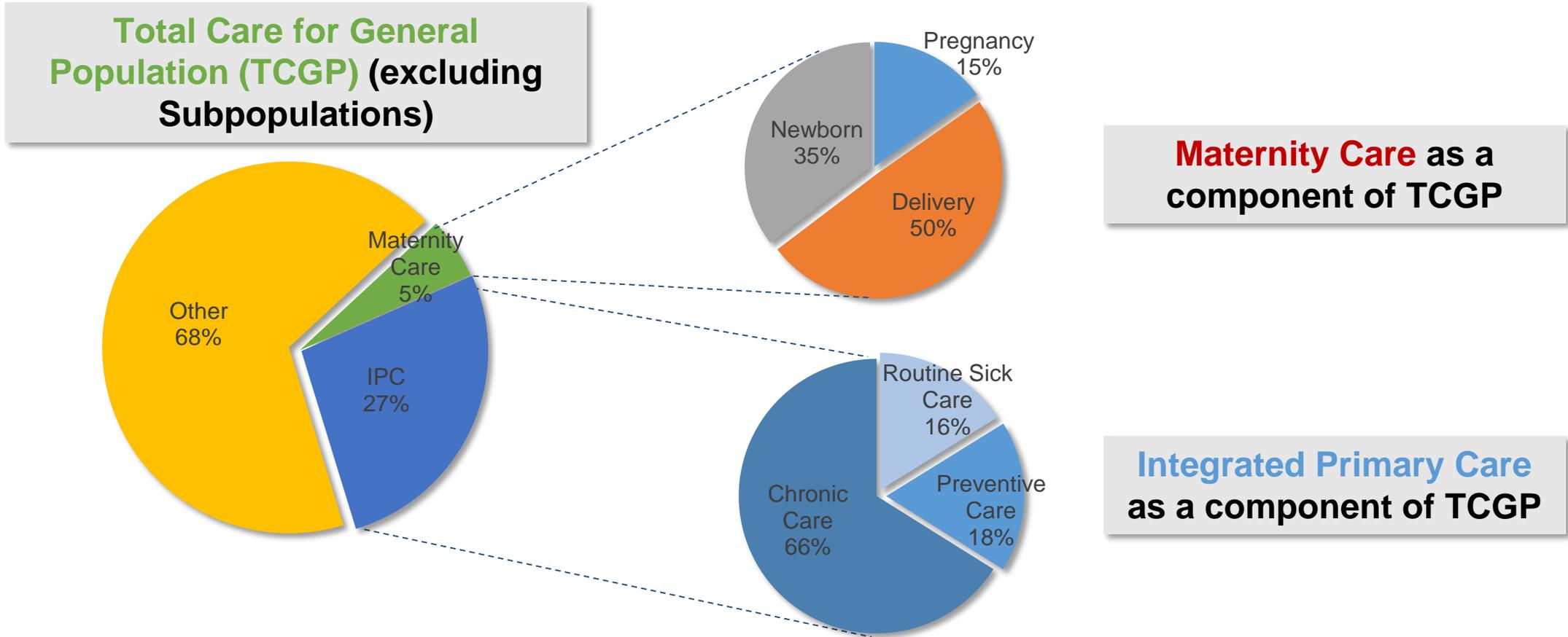
**Total Population including Subpopulations**

**Total Care for General Population (excluding Subpopulations)**



*Disclaimer: The data presented in this deck should not be considered final as the analysis environment continues to mature and validation of data input and analytical output continues. Source: NYS Medicaid Data Warehouse, 2014 Medicaid Claims unless otherwise indicated. Members included are Medicaid-only (duals excluded). Members attributed to NPIs that are also on other potential VBP contractor's lists will not be in the dataset.*

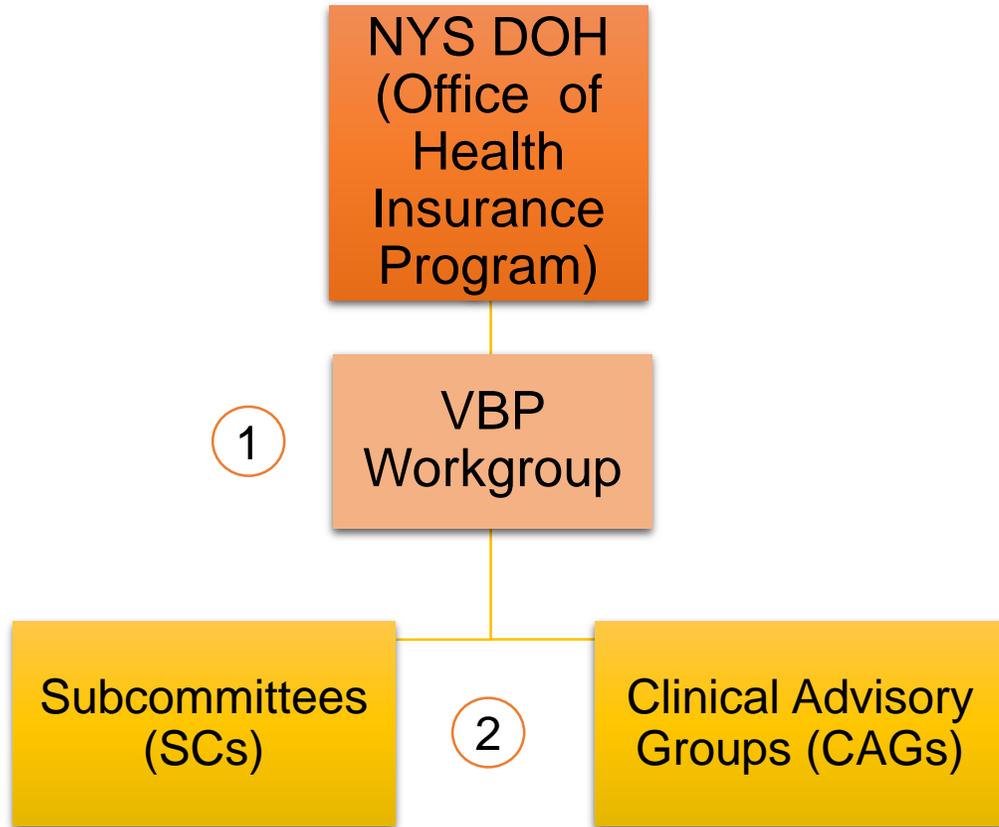
# NYS 2014 Medicaid Costs and VBP Arrangement Breakdown



Disclaimer: The data presented in this deck should not be considered final as the analysis environment continues to mature and validation of data input and analytical output continues.  
Source: NYS Medicaid Data Warehouse, 2014 Medicaid Claims unless otherwise indicated. Members included are Medicaid-only (duals excluded). Members attributed to NPIs that are also on other potential VBP contractor's lists will not be in the dataset.

Data for Maternity Care is based on Calendar Year 2014 Members in Managed Care for 3 months or more.

# VBP Governance and Stakeholder Engagement



*Additional CAGs and Subcommittees might be created as the need arises.*

1 The **VBP Workgroup** is a governing body that consists of NYS Health Plans, MCOs, and representative organizations including health plan associations; hospital associations; legal firms specializing in health care contracting; NYS HHS Agencies; CBOs; patient advocates; physicians, PPSs and other industry experts. **Its goal is to develop a strategy and monitor the implementation of VBP in NYS.**

2 The **VBP CAGs and SCs** were created to address the larger VBP design questions. Their charge was/is to make recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs scope of work included selecting Quality Measures for specific arrangements.

# Categorization of Quality Measures



## **CATEGORY 1**

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



## **CATEGORY 2**

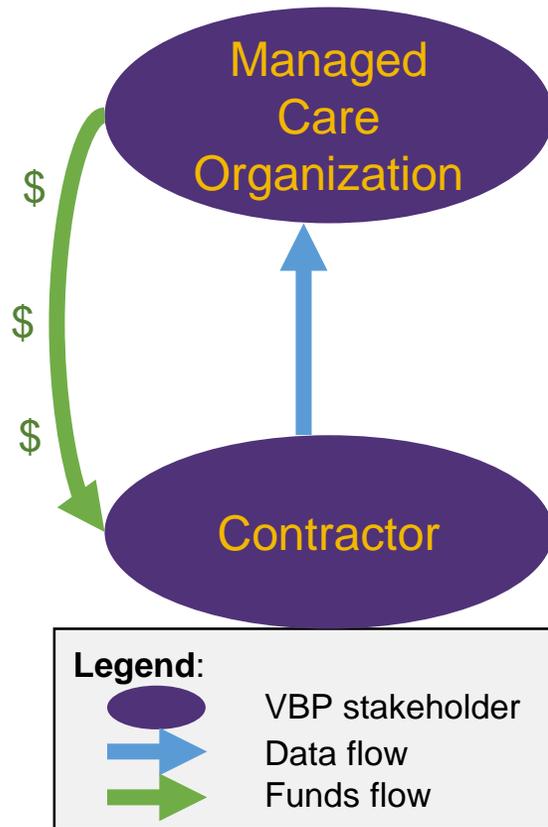
Measures that are clinically relevant, valid and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2017 Pilot program.



## **CATEGORY 3**

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

# Quality Measure Classifications



### Pay for Performance (P4P) Classification Guidelines:

- 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) Classification Guidelines:

- 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 annual CAG and State review or as determined by MCO and VBP Contractor.

Note: Measure classification is a State recommendation. Implementation to be determined between MCO and VBP Contractor.

# Quality Measures for VBP Arrangements

1. MCOs and VBP Contractors select arrangements.

Total Care for the General Population (TCGP)
Total Care for the HARP (Health And Recovery Plan) Subpopulation
Total Care for the HIV/AIDS Subpopulation
Total Care for the MLTC (Managed Long Term Care) Subpopulation
Total Care for the I/DD (Intellectual/ Developmental Disability) Subpopulation
Integrated Primary Care (IPC)
Maternity Care

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**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
Adherence to Medication for Individuals with Diabetes Mellitus
Adherence to Standardized Diabetes Mellitus Effective Acute Follow-up
Antidepressant Medication Effective Continuation
Breast Cancer Screening

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**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	-

2. VBP Contractors report on non-claims based quality measures associated with their selected arrangement(s).

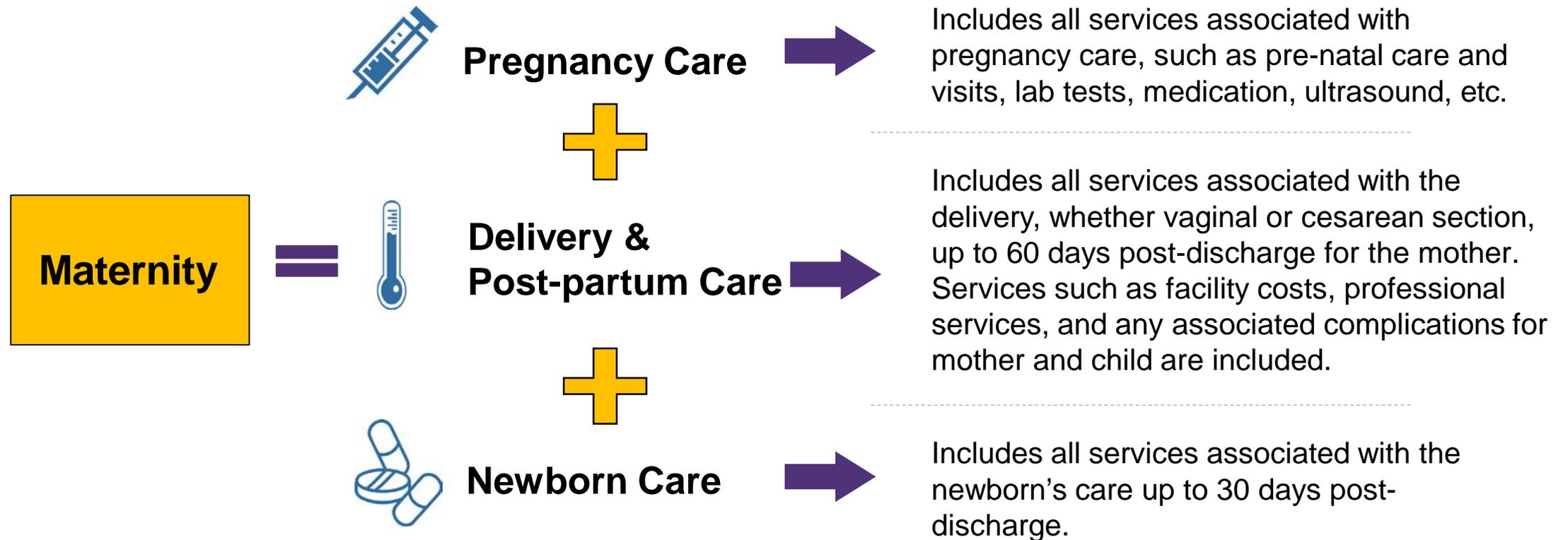


3. The quality measures results are intended to be used to determine the amount of shared savings for which VBP contractors are eligible. Adjustments to the target budget are based on quality measure performance.

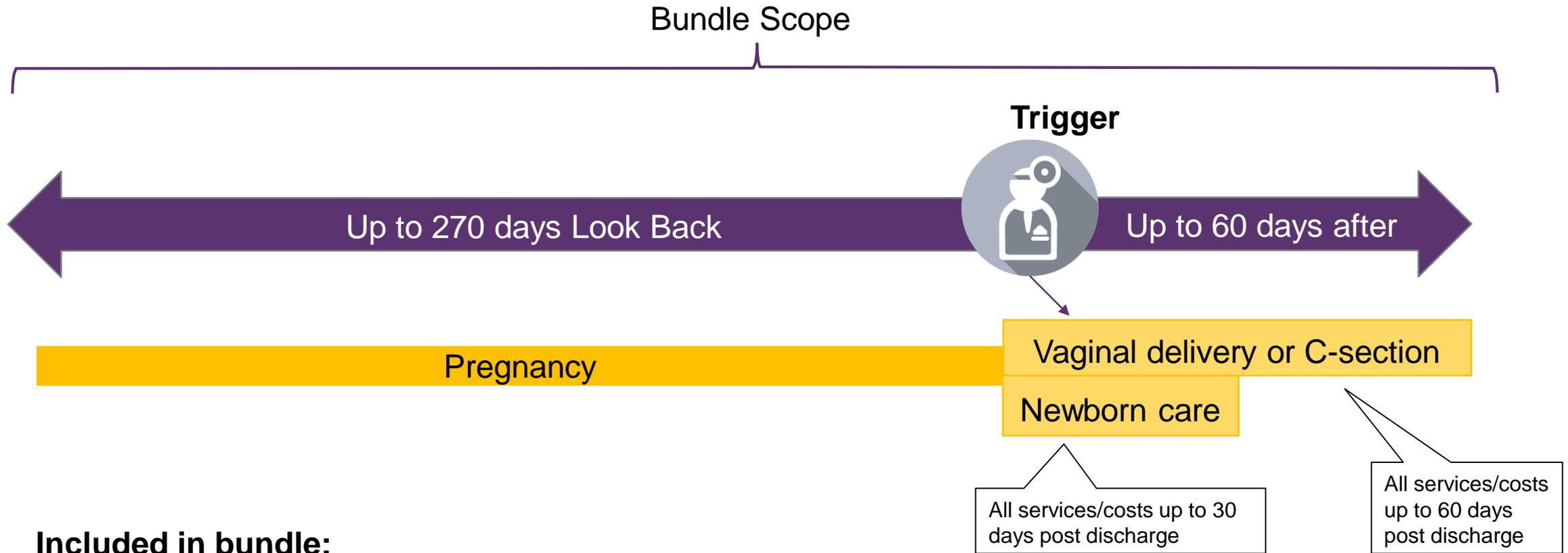


# Maternity Care Episode

# Maternity Care



# Maternity Bundle Example

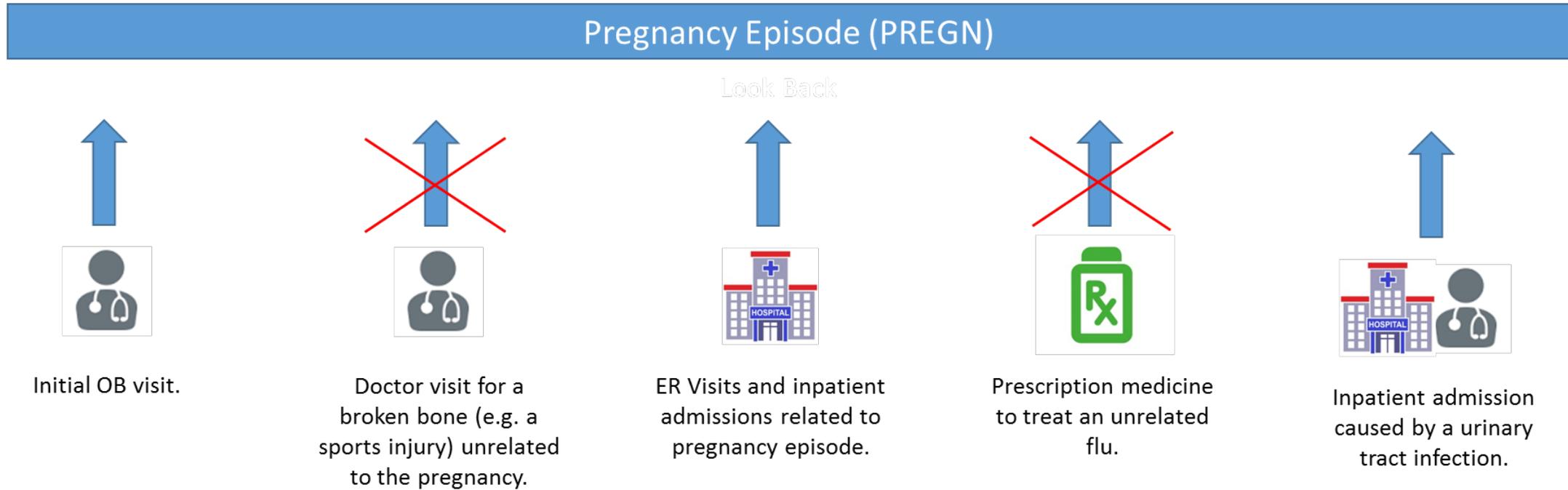


### Included in bundle:

- Both low risk and high risk pregnancies with severity markers
- **For the mother:** all related services for delivery including post discharge period (60 days post discharge) and entire prenatal care period (270 days prior to delivery)
- **For the infant:** initial delivery stay and all services/costs up to 30 days post discharge.

# Clinical Logic for Maternity Care

The maternity care episodes include all services (inpatient services, outpatient services, ancillary, laboratory, radiology, pharmacy and professional billing services) related to the care of the pregnancy, delivery and newborn, starting from the initial Obstetrical visit.



# Maternity Care Measure Set

Measurement Year 2017 VBP Measure Sets

## Maternity – Category 1 Measures

The Category 1 Maternity 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
Frequency of Ongoing Prenatal Care	National Committee for Quality Assurance (NCQA)		P4P
Prenatal & Postpartum Care —Timeliness of Prenatal Care & Postpartum Visits	NCQA		P4P
C-Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission (TJC)	National Quality Forum (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 <sup>1</sup>	US Office of Population Affairs	Prevention Quality Indicator (PQI) 2902	P4R
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Agency for Healthcare Research and Quality (AHRQ)	NQF 9	P4R
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	The Joint Commission	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

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

# Maternity – Category 2 Measures

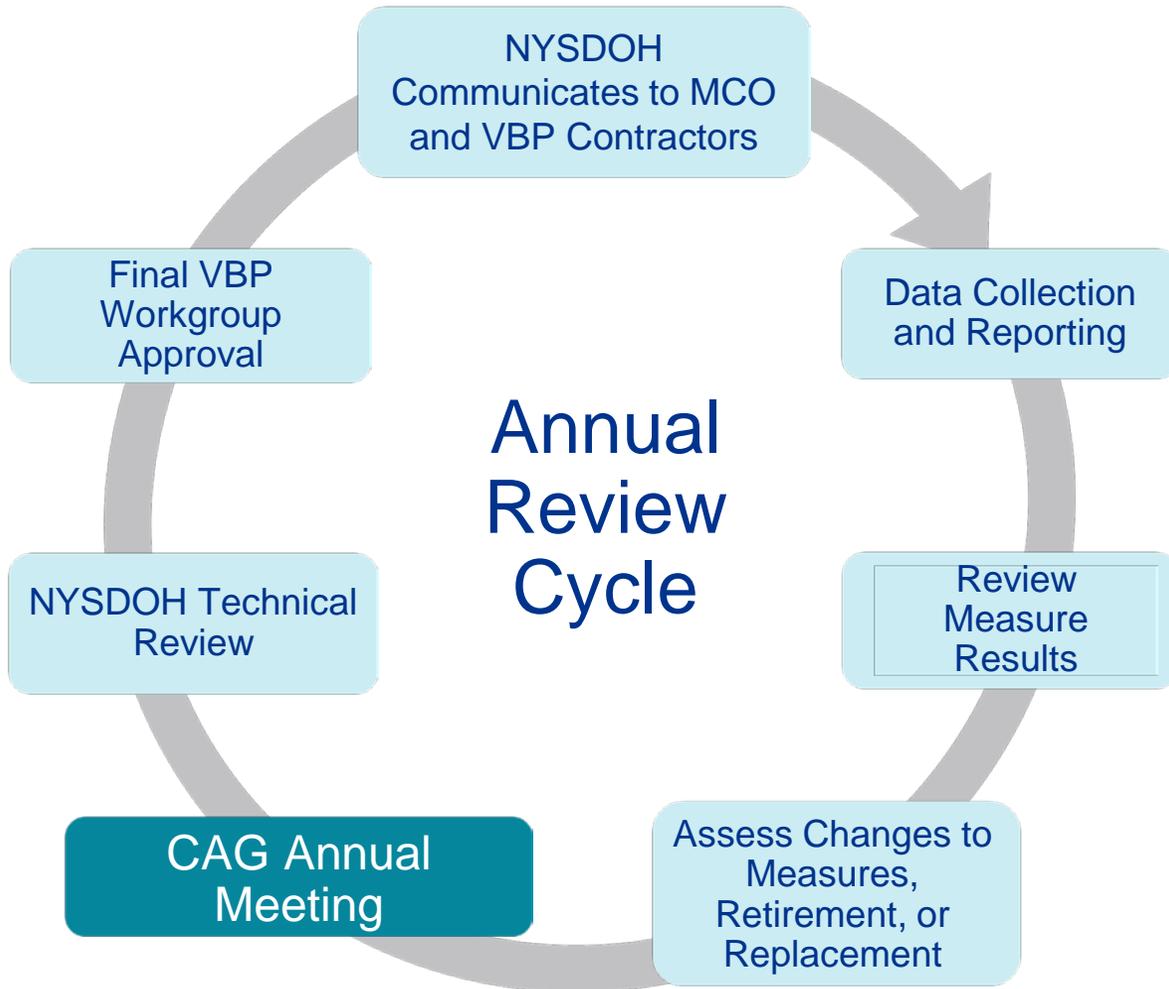
The Category 2 Maternity measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable).

Measure	Measure Steward	Measure Identifier
Antenatal Hydroxyprogesterone	New Measure	-
Antenatal Steroids	The Joint Commission	NQF 476
Appropriate Deep Vein Thrombosis 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	Massachusetts General Hospital	NQF 1746
Monitoring and Reporting of Neonatal Intensive Care Unit Admission Rates	New Measure	-
Postpartum Blood Pressure Monitoring	New Measure	-
Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated	AHRQ	Inpatient Quality Indicator (IQI) 22

# 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

# Resources

1. [NYS VBP Roadmap](#) (Year 2 – June 2016 Update)
2. [VBP Resource Library](#)
  - VBP Bootcamp Presentations
3. [VBP Website](#)
4. [CAG Meeting Materials](#)
5. [CAG Recommendation Reports](#)

# Thank you!

*Please send questions and feedback to:*

[vbp@health.ny.gov](mailto:vbp@health.ny.gov)