



**Department
of Health**

Children's Health

Subcommittee/Clinical Advisory Group (CAG) Meeting

Lindsay Cogan, PhD, MS

*Director, Division of Quality Measurement
Office of Quality and Patient Safety*

Ryan Ashe

*Director, Value-Based Payment
Office of Health Insurance Programs*

Kate Breslin – Co-Chair

President and CEO, Schuyler Center for Analysis and Advocacy

Douglas G. Fish, MD

*Medical Director, Division of Medical & Dental Directors
Office of Health Insurance Programs*


Steve Cook, MD, MPH

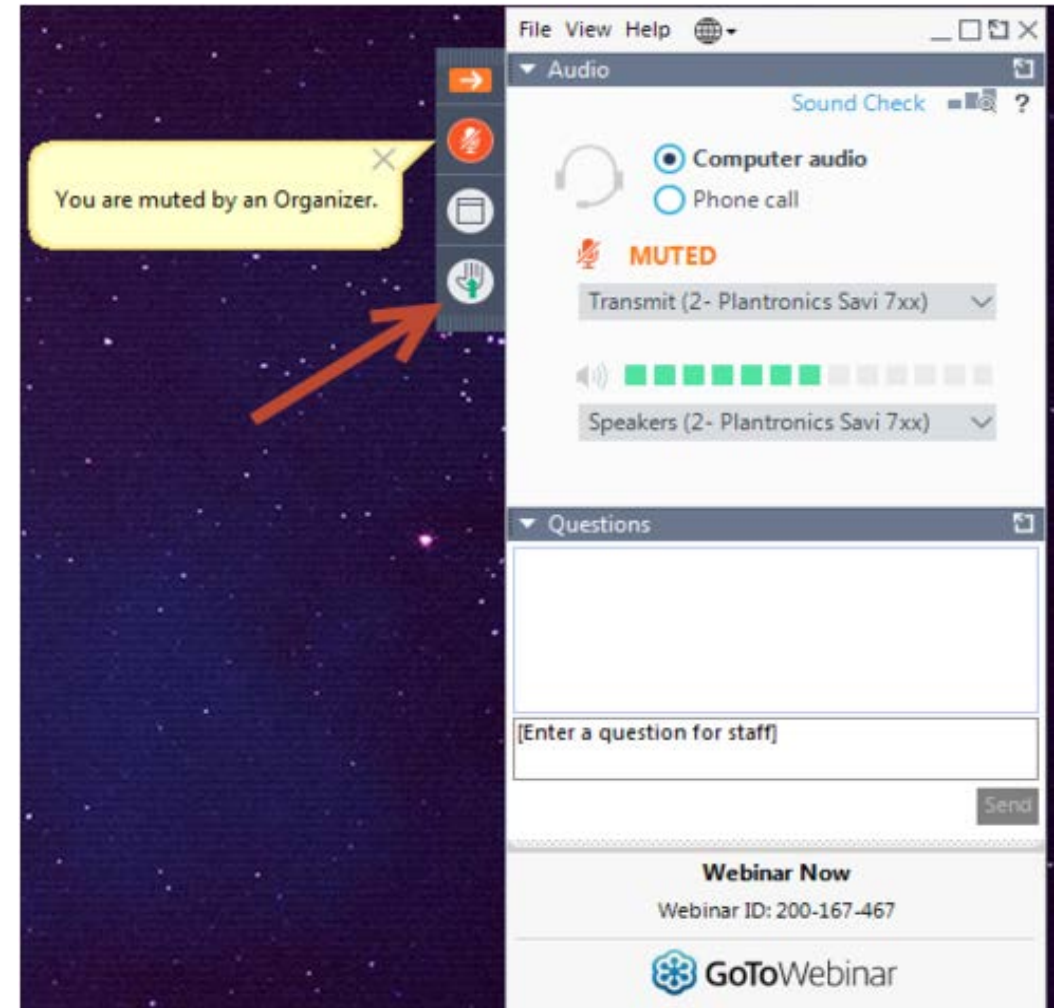
*Pediatrics/Medicine Medical Director, Division of Medical & Dental Directors
Office of Health Insurance Programs*

Jeffrey Kaczorowski, MD – Co-Chair

*Professor of Pediatrics, University of Rochester; Senior Advisor,
The Children's Agenda*

Webinar Instructions

- w Currently all lines are muted
- w We will pause periodically for comments
- w Click on this graphic  to “raise your hand”
- w During discussion periods we will unmute individuals with raised hands for comments and questions
- w You **must** enter the **individual audio PIN** shown on your computer screen after joining in order for this function to work; to find your PIN again click on the audio tab, it can be entered anytime
- w If you are not on the webinar and would still like to participate, you can submit a comment or question to Suzanne:
Sbrundage@uhfnyc.org



Agenda

- 1. Co-Chair Welcome** **10 min**
- 2. VBP Transformation Timeline** **15 min**
- 3. Proposed VBP Roadmap Changes** **25 min**
- 4. Integration of CAG Priority Measures** **15 min**
- 5. National Quality Measure Updates** **20 min**
- 6. Proposed 2020 Children's Quality Measure Set** **15 min**
- 7. InCK Opportunity Measures** **15 min**
- 8. Summary and Next Steps** **5 min**

Section 1: Co-Chair Welcome

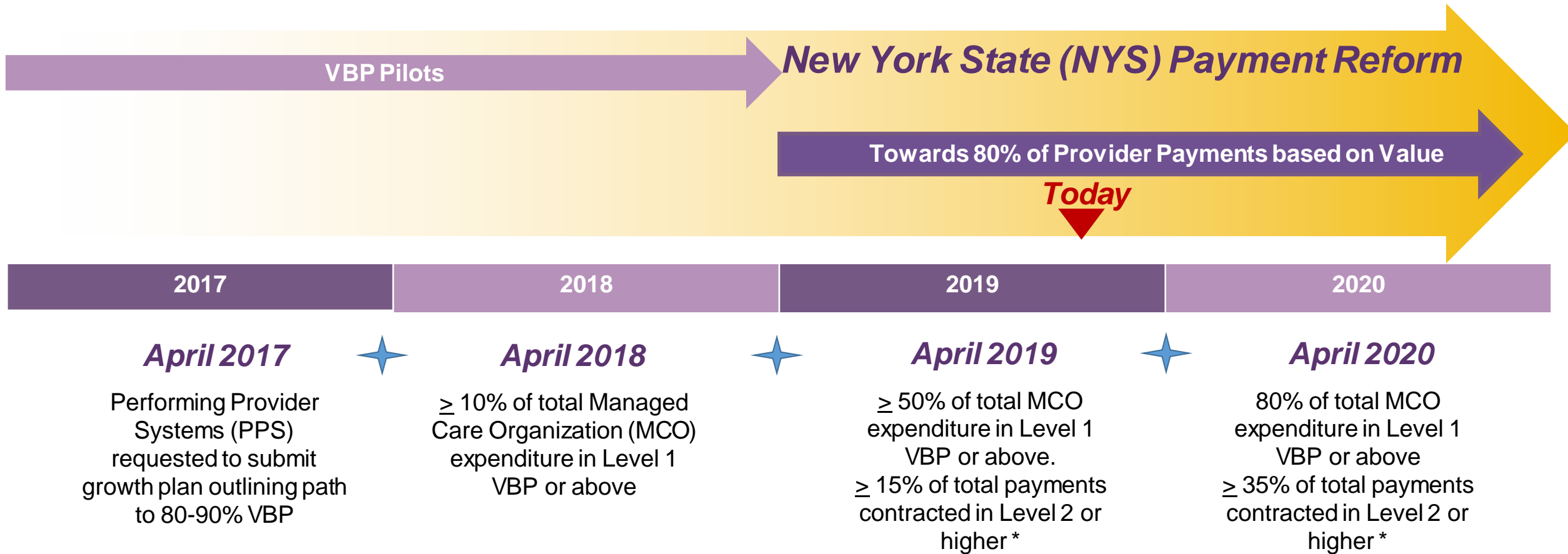
Objectives

1. Subcommittee/CAG members understand new VBP roadmap requirements and the broader VBP context.
2. Subcommittee/CAG members provide NYS DOH with their perspective on maternal/postpartum depression screening measures.
3. CAG members recommend a 2020 Children's Quality Measure Set.



Section 2: VBP Transformation Timeline

VBP: Timeline and Key Milestones



Key Aspects of VBP Arrangements

VBP contracts are defined by a common set of core components:

Arrangement Type

Level of Risk

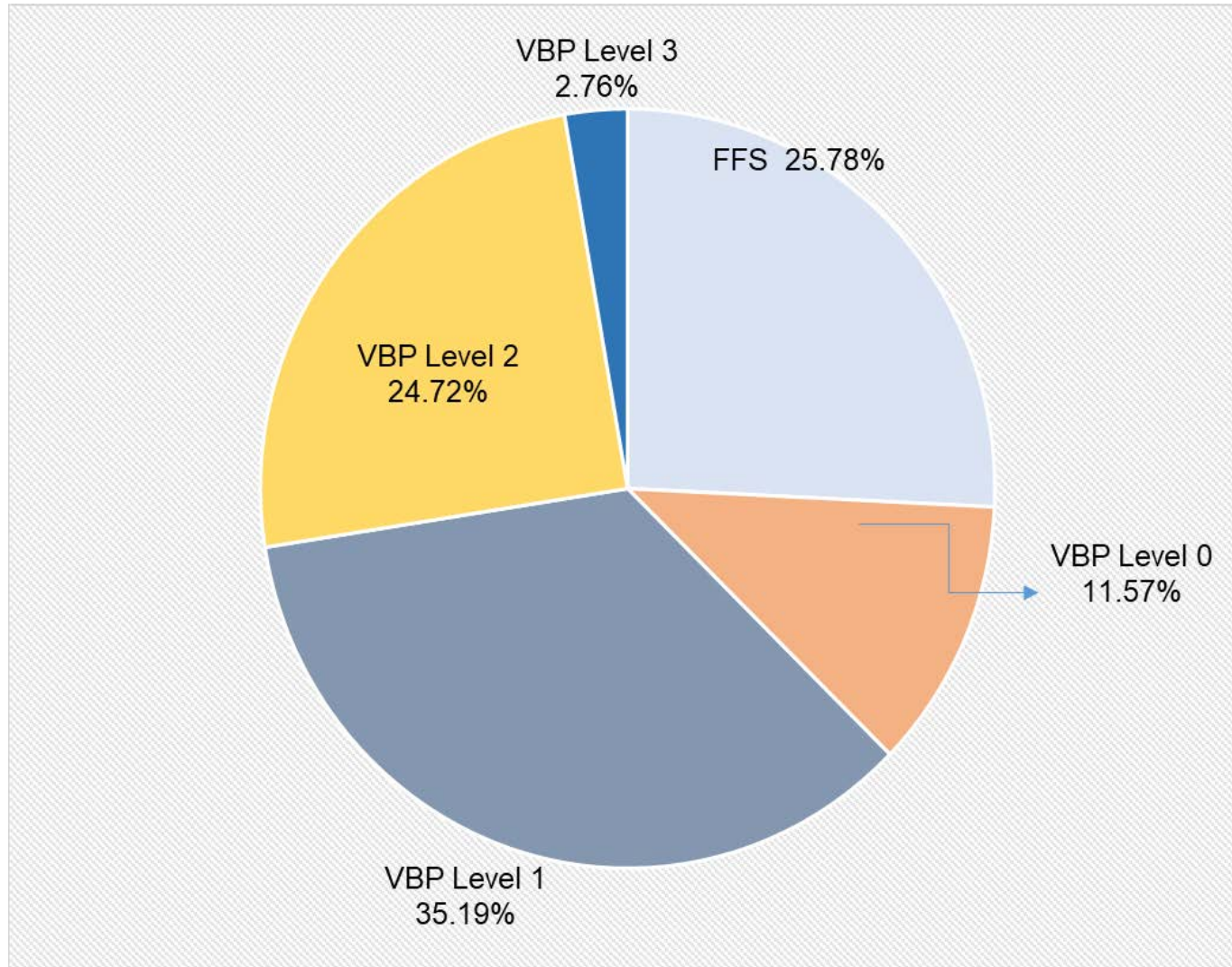
Quality Measures

Social Determinants of Health Intervention

Attribution Methodology & Member Volume

Target Budget Setting and Shared Savings/Risk

VBP: Current Status as of December 2018



- ✦ \$13.9 Billion in VBP Arrangements
- ✦ 62.6 percent of expenditures in Level 1 or Higher

* Total Medical Expenses for period 4/1/18- 12/31/18

* Reflects exclusions specified in the Roadmap associated with e.g., Financially Challenged Providers; High Cost Specialty Drugs, Transplant Drugs, Certain Emergency services as well as the spending for various Supplemental programs (i.e., QIP, EIP, EPP, AHPP).

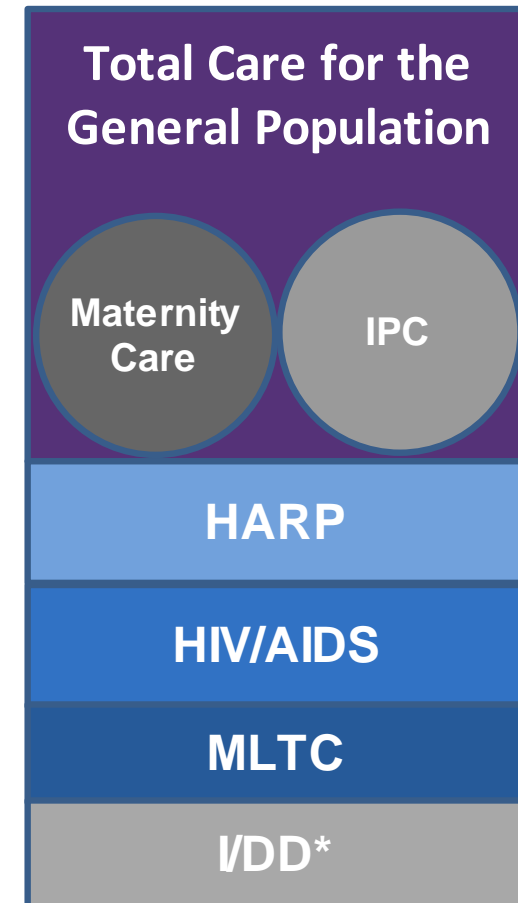
VBP Contracting

- w Fast and broad, but not deep
- w Contracting methodology that is familiar
- w Total cost of care is easiest way to get all expenditures counted toward VBP
- w DSRIP 2.0

Section 3: Proposed VBP Roadmap Changes

VBP Arrangement Types

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC; may or may not include HARP, HIV/AIDS, and I/DD* populations.
- **Episodes of Care**
 - **Maternity Care:** Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for the mother
 - **Integrated Primary Care (IPC)** All costs and outcomes associated with primary care, sick care, and a set of 14 chronic conditions selected due to high volume and/or costs.
- **Total Care for Special Populations:** Costs and outcomes of total care for all members within a population exclusive of TCGP.
 - **Health and Recovery Plans (HARP):** For those with Serious Mental Illness or Substance Use Disorders
 - **HIV/AIDS**
 - **Managed Long Term Care (MLTC)**
 - **I/DD***



VBP Contractors can contract TCGP, as well as for special populations, as appropriate; nothing mandates that the Roadmap-defined arrangement types must be handled in standalone contracts.

*Total Care for the Intellectually/Developmentally Disabled (I/DD) population will become available as an arrangement as the population moves to managed care.

Roadmap Requirements for 2019 - Quality Measures

Mainstream Managed Care Organizations (MCOs) (excludes MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must base shared savings and risk distribution on quality measures that include at least one, Category 1 P4P measure from each of the following domains:

- I. Primary Care
- II. Maternity Care
- III. Mental Health
- IV. Substance Use Disorder
- V. HIV/AIDS
- VI. Children's**

All new contracts submitted on or after October 1st, 2019 must meet this requirement.

All other existing contracts must be updated at the end of the contract's current measurement period and before the contract's next measurement period begins, or no later than January 1, 2021.

*If a VBP contractor & MCO are contracting for a total care for Children explicitly carving them out of the TCGP arrangement, then the TCGP contract does not need to include the measure(s) for the respective population since these measures would be incorporated in the population-specific arrangement (e.g., Children's contract).



Impact for Providers

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC members
 - May or may not include HARP, HIV/AIDS, and I/DD populations
- **TCGP includes children**
 - Attribution is based on Primary Care Practitioner
 - New VBP Roadmap language will require a Category 1 P4P Children's Care measure



Considerations for Providers

- ~ Is your organization contracting a Total Cost of Care arrangement for the Medicaid population with any Plan?
- ~ If so, with how many Medicaid Managed Care Plans?
- ~ What measures will be selected for Payment/Shared Savings based on new Roadmap requirements?
- ~ Children's health providers will want to be aware/make sure that a Children's measure is included.



Quality Measure Categorization

- Category 1 and 2 quality measures are recommended by the Clinical Advisory Groups (CAGs), accepted by the State, and approved by the VBP Workgroup.

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.

- Category 2 measures are P4R and are not required to be reported.

TCGP Quality Measure Domains

If including children in your Total Care for General Population arrangement, you must choose 1 Category 1 P4P measure from the Children's Quality Measure Set:

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Asthma Admission Rate - PDI #14	AHRQ	0728	Cat 1 P4P
Childhood Immunization Status – Combination 3	NCQA	0038	Cat 1 P4P
Immunizations for Adolescents – Combination 2	NCQA	1407	Cat 1 P4P
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	0024	Cat 1 P4P
Well-Child Visits in the 3rd, 4th, 5th & 6th Year	NCQA	1516	Cat 1 P4P
Well-child Visits in the First 15 Months of Life	NCQA	1392	Cat 1 P4P

2020 TCGP Primary Care Domain - Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	0105	Cat 1 P4P
Asthma Medication Ratio	NCQA	1800	Cat 1 P4P
Breast Cancer Screening	NCQA	2372	Cat 1 P4P
Cervical Cancer Screening	NCQA	0032	Cat 1 P4P
Chlamydia Screening in Women	NCQA	0033	Cat 1 P4P
Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P
Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	0004	Cat 1 P4P
Medication Management for People with Asthma	NCQA	1799	Cat 1 P4P

2020 TCGP Mental Health Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	1879	Cat 1 P4P	Measure Added
Depression Remission or Response for Adolescents and Adults	NCQA		Cat 1 P4P Cat 2	Measure Moved from Category 2 to Category 1
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	2605	Cat 1 P4P Cat 2	Measure Moved from Category 2 to Category 1
Follow-up After Hospitalization for Mental Illness	NCQA	0576	Cat 1 P4P	Measure Added
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS		Cat 1 P4P	Measure Added

Acronyms: AHRQ = Agency for Healthcare Research and Quality; Cat = Category; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting; **Red**: Indicates proposed change to measure ~~Red~~: Indicates proposed measure removal

2020 TCGP Substance Use Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Follow-Up After High-Intensity Care for Substance Use Disorder (<u>FUI</u>)	NCQA		Cat 1 P4P	Measure added
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	2605	Cat 1 P4P Cat 2	Measure Moved from Category 2 to Category 1
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	Not endorsed	Cat 1 P4P	
Pharmacotherapy for Opioid Use Disorder (<u>POD</u>)	NCQA	3175	Cat 1 P4P	Measure Added

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

2020 TCGP HIV/AIDS Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Viral Load Suppression	HRSA	2082	Cat 1 P4P	Measure Added

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

2020 TCGP Maternity Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Prenatal & Postpartum Care	NCQA	1517 (lost endorsement)	Cat 1 P4P Cat 1 P4R	Measure Changed from P4R to P4P to align with Roadmap Changes

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

Section 4: Integration of CAG Priority Measures

Developmental Screening in the First Three Years of Life

- **Progress:**
 - Office of Quality and Patient Safety has published measure specifications for NQF 1448 as part of the First 1,000 Days on Medicaid “Kids Quality Agenda” project
 - Development screening measure moved from Category 2 to Category 1, P4R in the Children’s Quality Measure Set for VBP

Children's VBP Anticipated Measure Integration

Total New Measures	2018	2019	2020	Integration Date Unknown
	+ 3	+ 2	+ 2	+8
Category 1 Measures				
P4P	Immunization for Adolescents – Combination 2	Asthma Medication Ratio	-	-
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	-	-	-
	Well–Child Visits in the First 15 Months of Life	-	-	-
P4R	Well–Child Visits in the 3 rd , 4 th , 5 th , and 6 th Year	PDI #14 Asthma Admission Rate	Preventive Care and Screening: Screening for Clinical Depression and Follow–Up Plan	Adolescent Preventive Care
	Annual Dental Visit	-	Developmental Screening in the First 3 Years of Life	Depression Remission or Response for Adolescents and Adults
Category 2 Measures				
	-	-	Use of First–Line Psychosocial Care for Children and Adolescents on Antipsychotics	Maternal Depression Screening
	-	-	Follow–up After Emergency Department Visit for Mental Illness	Screening for Reduced Visual Acuity and Referral in Children
	-	-	Follow–up After Emergency Department Visit for Alcohol and Other Drug Dependence	Topical Fluoride for Children at Elevated Caries Risk, Dental Services

Section 5: National Quality Measure Updates

NCQA HEDIS® 2020 New Measures

- **New Measures**

- Prenatal Depression Screening and Followup
- Postpartum Depression Screening and Follow -up



Prenatal Depression Screening and Follow-up (PND)

Assesses whether women were screened for clinical depression during pregnancy, and whether those who screened positive received follow up.

1. **Depression screening:** The percentage of deliveries in which women were screened for clinical depression using a standardized tool during pregnancy.

Denominator 1 The initial population, minus exclusions.

Numerator 1 Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy.

2. **Follow-up on positive screen:** The percentage of deliveries in which pregnant women received follow-up care within 30 days of screening positive for depression.

Denominator 2 All deliveries from Numerator 1 with a positive finding for depression during pregnancy.

Numerator 2 Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Postpartum Depression Screening and Follow-up (PDS)

Assesses whether women were screened for clinical depression within 12 weeks post-delivery, and whether those who screened positive received follow-up.

1. ***Depression screening:*** The percentage of deliveries in which women were screened for clinical depression using a standardized tool within 12 weeks (84 days) post-delivery.

Denominator 1 The initial population, minus exclusions.

Numerator 1 Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during the 84-day period following the date of delivery.

2. ***Follow-up on positive screen:*** The percentage of deliveries in which postpartum women received follow-up care within 30 days of screening positive for depression.

Denominator 2 All deliveries from Numerator 1 with a positive finding for depression during the 84-day period following the date of delivery.

Numerator 2 Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Depression Screening Comparison

Maternal Depression Screening

Measure Description:	The percentage of children 6 months of age who had documentation of a maternal depression screening for the mother.
Measure Denominator	Children with a visit who turned 6 months of age in the measurement year.
Measure Numerator	Children who had documentation of a maternal depression screening for the mother at least once between 0 and 6 months of life.
Measure Steward	NQF #1401
Applicable Programs	VBP Maternity/Children's
Category	CAT 2
Data Method	Hybrid

Postpartum Depression Screening

Measure Description:	The proportion of deliveries in which members were screened for clinical depression during the postpartum period and if screened positive, received follow-up care. Two rates are reported. <ol style="list-style-type: none"> 1. Depression Screening: The proportion of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. 2. Follow-Up on Positive Screen: The proportion of deliveries in which members received follow-up care within 30 days of screening positive for depression.
Measure Denominator	Deliveries during the Measurement Period.
Measure Numerator	Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during 1 to 84 days following the date of delivery.
Measure Steward	NCQA
Applicable Programs	VBP Maternity
Category	CAT 2
Data Method	Electronic

Maternal Depression Measure Feedback

- Would you prefer to keep the Maternal Depression Screening measure in the Children's measure set or move to a Postpartum Depression Screening measure?



Section 6: Proposed 2020 Quality Children's Measure Set

NCQA - Depression Remission or Response for Adolescents & Adults (DRR)

- The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.
 - Follow-Up PHQ-9: The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
 - Depression Remission: The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
 - Depression Response: The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

New Depression Measure Feedback

- Do you support the addition of the ***Depression Remission or Response for Adolescents and Adults*** measure to the Children's measure set?



2020 Children's Quality Measure Set ~ Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Asthma Admission Rate (PDI 14)	AHRQ	NQF 0728	P4R -P4P
Adolescent Preventive Care	NYS		P4R
Adolescent Well-Care Visits	NCQA		P4R
Annual Dental Visit	NCQA	NQF 1388	P4R
Asthma Medication Ratio	NCQA	NQF 1800	P4P
Childhood Immunization Status – Combination 3	NCQA	NQF 2372	P4P
Chlamydia Screening	NCQA	NQF 0033	P4P
Depression Remission or Response for Adolescents and Adults	NCQA		P4P
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	NQF 1448	P4R

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2020 Children's Quality Measure Set ~ Category 1 continued

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Follow-Up Care for Children Prescribed ADHD Medication	NCQA	NQF 0108	P4R
Immunization for Adolescents – Combination 2	NCQA	NQF 1407	P4P
Medication Management for People with Asthma	NCQA	NQF 1799	P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	NQF 0418	P4R
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	NQF 0024	P4P
Well-Child Visits in the 3rd, 4th, 5th, and 6th Year	NCQA	NQF 1516	P4R -P4P
Well-Child Visits in the First 15 Months of Life	NCQA	NQF 1392	P4P

2020 Children's Quality Measure Set ~ Category 2

Measure Name	Measure Steward	NQF Measure Identifier
Follow-Up Visit After Emergency Department Visit for Alcohol and Drug Dependence	NCQA	NQF 2605
Follow-Up Visit After Emergency Department Visit for Mental Illness	NCQA	NQF 2605
Maternal Depression Screening	NCQA	NQF 1401
Screening for Reduced Visual Acuity and Referral in Children	CMS	NQF 2721
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	ADA	NQF 2528
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	NQF 2801

Section 7: InCK Opportunity / Measures

Overview

- New *Integrated Care for Kids* (InCK) model is the first Centers for Medicare and Medicaid Innovation (CMMI) funding effort to focus specifically on kids
- Through a competitive process, 8 states will be awarded up to \$16 million over 7 years
- Funds are to design and test an alternative payment model and integrated service delivery models for children prenatal to age 21 within a specific, sub-state geographic region

“The Integrated Care for Kids (InCK) Model is a **child-centered local service delivery and state payment model** aimed at **reducing expenditures and improving the quality of care** for children covered by Medicaid and the Children’s Health Insurance Program (CHIP) through **prevention, early identification, and treatment of priority health concerns** like behavioral health challenges and physical health needs.”

-CMMI Fact Sheet on Integrated Care for Kids Model: <http://www.inckmarks.org/docs/CMMI-Fact-Sheet.pdf>

Three Entities Must Be Engaged

Medicaid Agency

- Partner with Lead Organization
- Responsible for Alternative Payment Model and data

Lead Organization

- Established entity
- Local convening of Partnership Council
- Responsible for implementation of delivery system model

Partnership Council

- Represent core service areas
- Formal relationships and engaged

Alternative Payment Model (APM) Elements

- Awardees are required to design and implement one or more child-focused Medicaid APMs for all or a subset of children in the defined geographic area
- States with existing APMs may instead alter those APMs as necessary to meet the CMMI model's criteria
- APMs should support care coordination, case management, and mobile crisis response and stabilization services via existing state authorities available under Medicaid and CHIP
- The goals of the APMs are to:
 - 1) promote accountability for improved outcomes, such as rates of avoidable out-of-home placement and opiate use, and
 - 2) ensure the model's sustainability long-term.
- APM to be tested beginning in year 4

Crosswalk: Quality Measurement

Feature	InCK Notice of Funding Opportunity	NYS VBP and/or PPC CAG Deliberations
<p>Use of Quality Measures</p>	<p>Quality measures required for monitoring state performance:</p> <p>Domain 1 – Clinical Care Measures</p> <p>Domain 2 – Care Coordination</p> <p>Domains 3 – 5: Education, Food Security, Housing</p>	<p>VBP: Recommended quality measures for use in payment model:</p> <p>Domain 1: 5 out of 8 InCK Domain 1 measures are in NY 2019 Children’s Quality Measure set</p> <p>Domain 2: InCK care coordination measure not currently in use by NYS</p> <p>Domain 3: Kindergarten Readiness and Chronic Absence from School included as “Future measures” for VBP</p> <p>Domains 4 – 5: Measures not included in Quality measure set or measure recommendations</p>

Section 8: Summary and Next Steps

Summary

- Most arrangements being contracted are total cost of care arrangements (Total Care for the General Population) and include children.
- Starting October 1, 2019 DOH will expect to see a Category 1 P4P Children's measure in all new TCGP contracts and, by January 1, 2021, in all existing contracts.
- DOH is continuing to work towards piloting a children's arrangement and is awaiting word from CMMI on the federal Integrated Care for Kids demonstration project. In general, DOH anticipates more nuanced contracting in 2020 that would include:
 1. Episodes of care, and/or
 2. Special population arrangements.

Next Steps

- Additional comments may be submitted in the next two weeks, by **Tuesday, August 27, 2019 by email to vbp@health.ny.gov**
- Revised Roadmap language and 2020 VBP measure sets will be presented to the VBP Workgroup in October 2019 for review and approval.
- The Children's Subcommittee/CAG will reconvene in early 2020 following notification of Integrated Care for Kids awards.
- Thank you for your time and input to improve the VBP Quality Measurement Program for NYS Medicaid!



Department
of Health

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov