



**Department  
of Health**

# Physical Health and Chronic Conditions Clinical Advisory Group

**Douglas G. Fish, MD**

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

**Lindsay Cogan, PhD, MS**

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

**Paloma Luisi, MPH**

*Director, Bureau of Quality Measurement & Evaluation*  
Division of Quality Measurement  
Office of Quality and Patient Safety

May 7, 2020

# Agenda

## 1. Introduction

- w- Roll Call
- w- Value Based Payment in New York State
- w- CAG 2020 Timeline, Highlights, & Goals

**20 Mins**

## 2. COVID19 & VBP

- w- Quality Measurement
- w- Best Practices

**10 Mins**

## 3. 2020 Where We Landed

- w- Measure Domains
- w- TCGP 2020 Measure Set Review
- w- VBP Pilot Results

**15 Mins**

## 4. National Quality Measure Updates

**10 Mins**

## 5. NYS Medicaid Quality Strategy

**10 Mins**

## 6. Summary & Next Steps

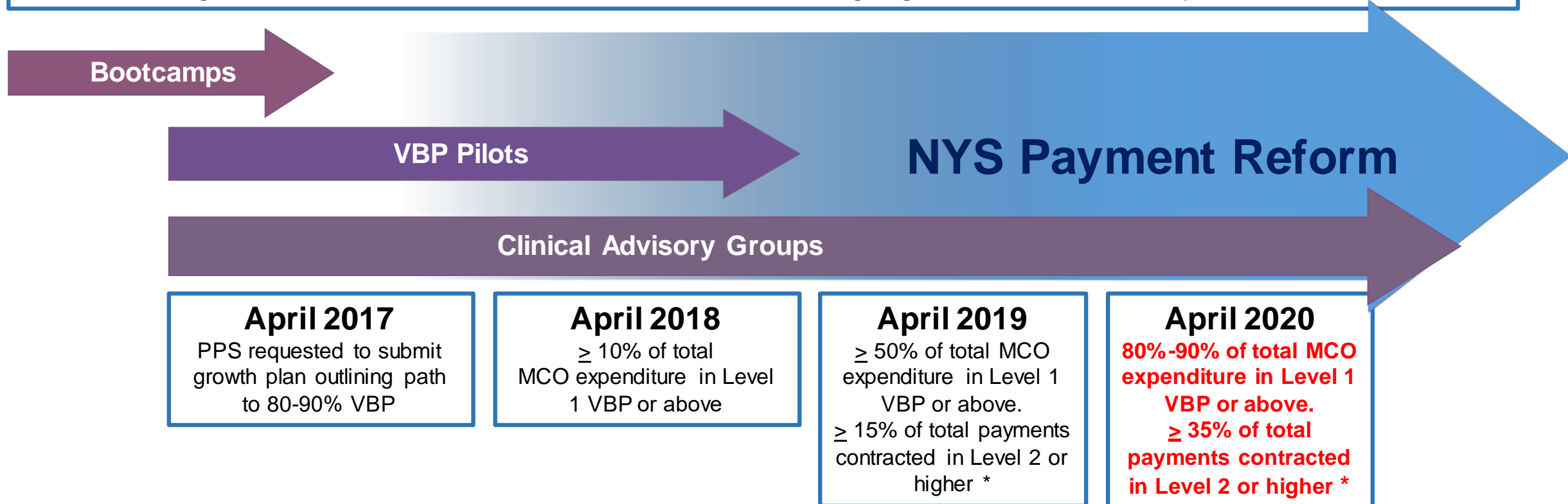
**5 Mins**

# Section 1: Introduction

## Roll Call

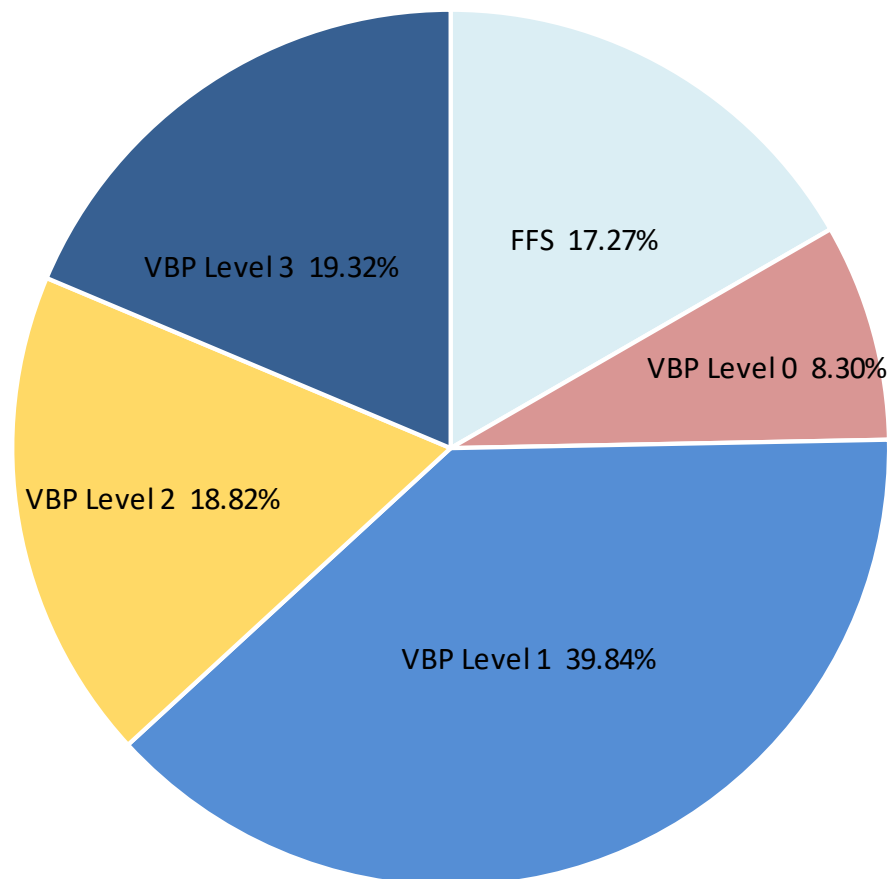
# VBP Transformation: Goals & Timeline

**Goal:** To achieve the Triple Aim through the improvement of population health, quality of care delivery, and lowering per capita costs, and to create a sustainable integrated system of care by using DSRIP dollars, shared savings mechanisms, care coordination and rewarding high value care delivery.



# Overview of Results thru 3/31/2019 (across all Medicaid MC Lines of Business\*)

Current Overall VBP Progress: ~ **74%**



Includes all Mainstream and LTC Lines of Business

May 2020

<b>TOTAL MA \$</b>	<b>\$32,849,406,773</b>	
FFS	\$5,673,256,803	17.27%
VBPO	\$2,726,388,492	8.30%
<i>Level 0/Quality Only</i>	\$2,379,999,921	7.25%
<i>Level 0/ Cost Only</i>	\$346,388,571	1.05%
VBP1	\$13,088,722,486	39.84%
VBP2	\$5,604,971,962	18.82%
VBP3	\$5,756,067,033	19.32%
<b>Level 1-3</b>	<b>\$24,449,761,481</b>	<b>74.43%</b>

# 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

# How is VBP Different from the Current Payment Structure?

- 1) **Efficiency Component** - A **target budget** is set at the beginning of the year, against which costs (expenditures) are reconciled at the end of the year.
  - Services may be reimbursed as *fee-for-service* as they are now, or as a *per member per month (PMPM)* prospective payment.
- 2) **Quality Component** - A **percentage of performance measures** on the attributed population (those included in the arrangement) **must be passed** to share in any savings (or to determine the percentage of losses that must be made up).

 **Efficiency**  
**Quality** = **Value**

# Upside & Downside Risk-Sharing Arrangement (NYS Guideline)

- While VBP encourages efficiency, QUALITY is paramount!
- No savings will be earned without meeting minimum quality thresholds.
- NY State Medicaid's CMS-approved VBP Roadmap recommends that 50% of Pay-for-Performance (P4P) measures should be "passed" to qualify for any shared savings or to determine the proportion of any losses to be shared.
  - Other measures are required to be reported (Pay-for-Reporting (P4R)), but are not used for performance payments.

Upside  
Downside



# Clinical Advisory Group (CAG) Goals for 2020

## 2020 CAG Goals

Conduct annual review of the quality measure sets.

Identify and analyze clinical and care delivery gaps in current measure sets.

Propose recommendations for 2021.

# Clinical Advisory Group (CAG) Timeline for 2020

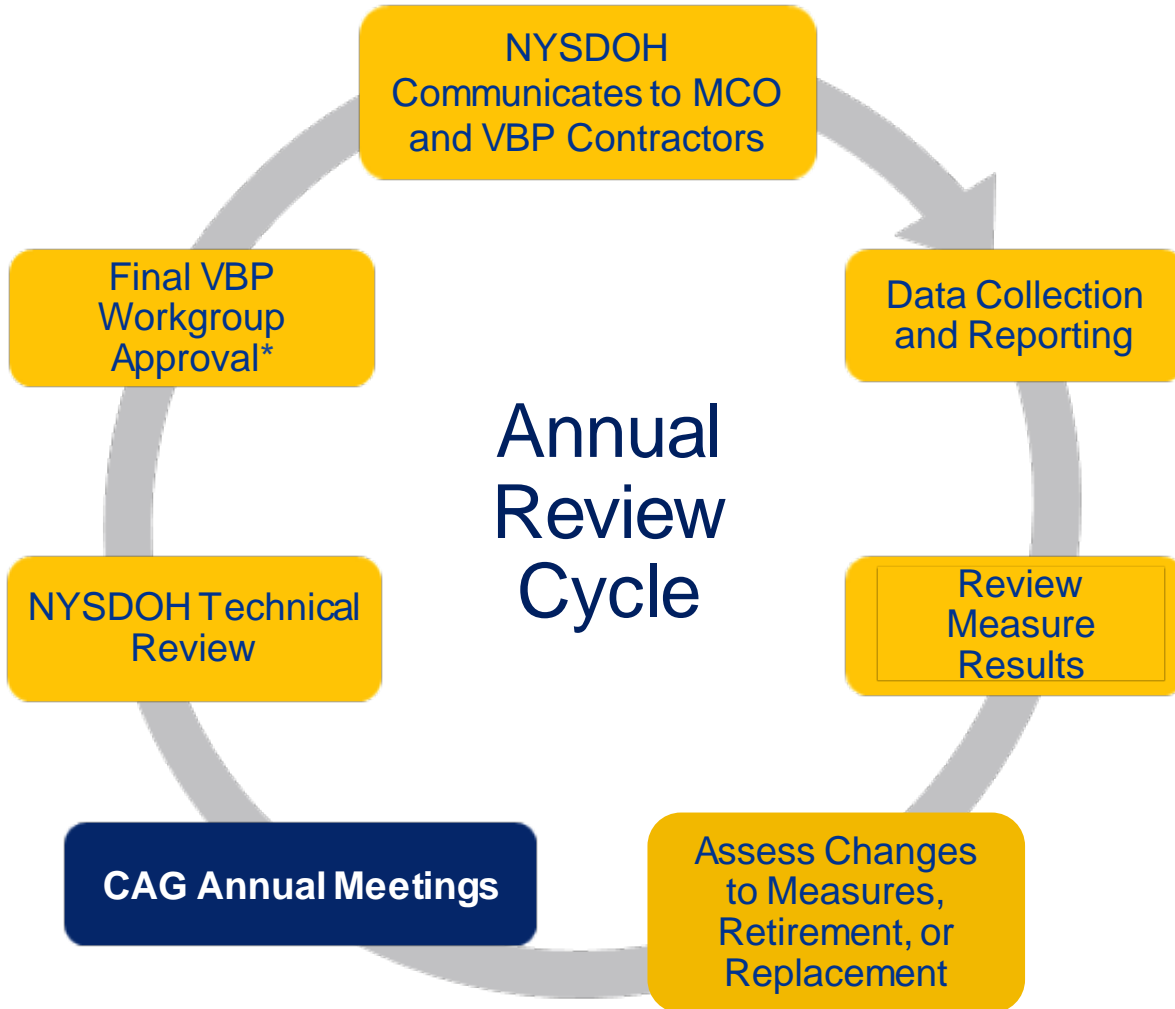
## Timeline



- Spring Cycle to convene April through May, with Summer cycle to begin in June with a goal of ending in August.
- Feedback from the CAGs will be processed and presented in the form of recommended measure sets to the VBP Workgroup for approval in **October 2020**.
- (MY) 2021 Quality Measure Sets will be released in **November 2020**.
- The MY 2021 VBP Reporting Requirements Technical Specifications Manual will also be released in **November 2020**.

May 2020

# VBP Quality Measure Set Annual Review



## Annual Review

*Clinical Advisory Groups* will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders; and
- Any significant changes in evidence base of underlying measures and/ or conceptual gaps in the measurement program.

*New York State Department of Health (NYSDOH) and 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; and
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R).

# CAG Input Made a Difference

- Provider input
- Measure refinement



May 2020

## Section 2: COVID19 & VBP

# 2020 Quality Measurement and COVID-19

- Quality, Cost, and Utilization targets have been set based on prior experience;
- Changes in outpatient care delivery will impact visits for preventive care and access-related quality measures;
- Increase use of telehealth
  - ↳ 53% of 2020 TCGP Measures include telehealth component
  - ↳ Telehealth not always possible (e.g. Childhood immunizations)
- Change and duration of care pattern changes are unclear due to uncertain course of COVID-19 and behavior change.
- Trending all measures will be an issue in Measurement Year 2020

# Best Practices

Some options that have been brought up, feedback:

- Transition measures to pay-for-reporting;
- Remove or reduce weighting for measures most likely to be affected by COVID-19;
  - ↳ This will be difficult as we anticipate almost all measures will be impacted
- Use prior year performance in awarding of pay for performance
- Use partial year performance; changing measure specific timelines is challenging

# Section 3: Where We Landed



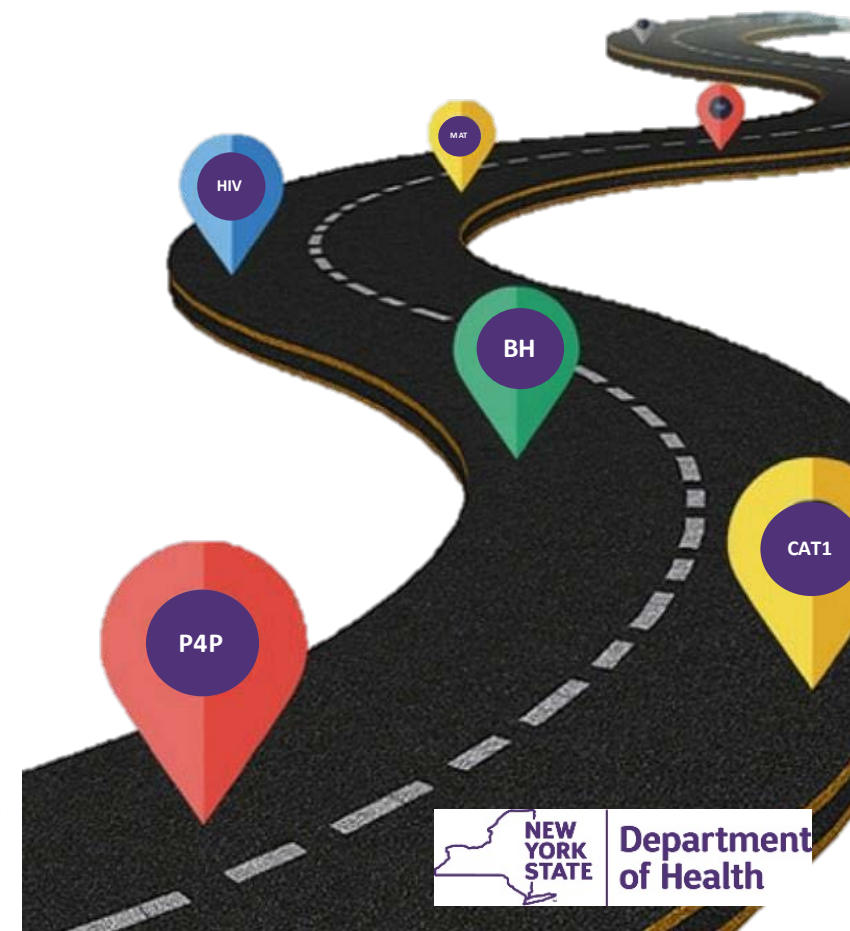
# Roadmap Requirements Established for 2020: Quality Measures

Managed Care Organizations (MCOs) (excluding 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. Mental Health
- III. Substance Use Disorder
- IV. HIV/AIDS
- V. Maternity
- VI. Children's

- All new contracts submitted on or after January 1, 2020 must meet this requirement.
  - *Deadline extension* for submission: **May 15**
  - *Deadline extension* for MCO reporting period: **June 15**
- All other existing contracts must be updated to meet this requirement by January 2021.

\*If a VBP contractor & MCO are contracting for a total care for HARP 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., HARP contract).



# 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)**
  - **Children**
  - **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.

# 2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2020 TCGP Primary Care Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	NQF 0105	P4P
Asthma Medication Ratio	NCQA	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P

# 2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<b>2020 TCGP Primary Care Domain [continued]</b>			
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	NQF 0004	P4P
Medication Management for People with Asthma	NCQA	NQF 1799	P4P

# 2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<b>2020 TCGP Mental Health Domain</b>			
<b>You must choose at least 1 measure from the following domain to be included in the VBP Contract.</b>			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	NQF 1879	P4P
Depression Remission or Response for Adolescents and Adults	NCQA		P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS		P4P

# 2020 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2020 TCGP Substance Use Domain</u>			
<b>You must choose at least 1 measure from the following domain to be included in the VBP Contract.</b>			
Follow-Up After High-Intensity Care for Substance Use Disorder	NCQA		P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS		P4P
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175	P4P

# 2020 TCGP Measure Set

## TCGP Measures

## Measure Steward

## Measure Identifier

## Classification

Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below\*.

### 2020 TCGP HIV/AIDS Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Viral Load Suppression

HRSA

NQF 2082

P4P

### 2020 TCGP Maternity Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Prenatal & Postpartum Care

NCQA

NQF 1517  
(lost endorsement)

P4P

# 2020 TCGP Measure Set

## TCGP Measures

## Measure Steward

## Measure Identifier

## Classification

Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below\*.

### 2020 TCGP Children's Domain

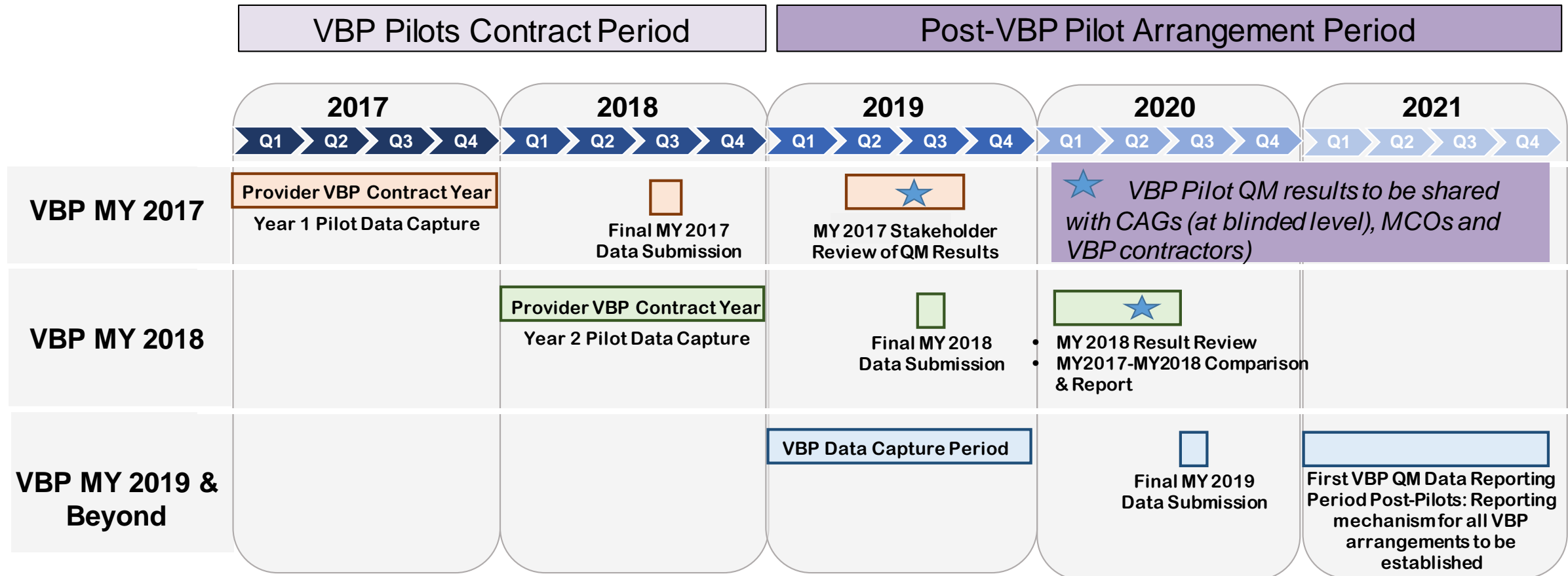
You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Asthma Admission Rate - PDI #14	AHRQ	NQF 0728	P4P
Childhood Immunization Status – Combination 3	NCQA	NQF 0038	P4P
Immunizations for Adolescents – Combination 2	NCQA	NQF 1407	P4P
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life	NCQA	NQF 1516	P4P
Well-Child Visits in the First 15 Months of Life	NCQA	NQF 1392	P4P



# VBP Pilots: Quality Measure Results and Future Plans

*Quality measures for the HARP Pilots and other arrangement types undergoing stakeholder review and feedback. Future plans call for year-over-year pilot reporting and new report development in a post-pilot environment.*



# Pilot Results – Measures Most Contracted

Measure Name	Year 1 Results	Year 2 Results	% Change	% Point Change	NYS Benchmark	VBP Benchmark
Chlamydia Screening in Women - Total	81.38	82.65	1.56	1.27	75.85	79.91
Breast Cancer Screening	75.49	75.79	0.40	0.30	70.92	70.40
Medication Management for People with Asthma (5 - 64 Years) - 50% of Treatment Days Covered	59.30	60.52	2.06	1.22	64.42	59.21
Medication Management for People with Asthma (5 - 64 Years) - 75% of Treatment Days Covered	36.92	42.91	16.21	5.98	38.16	42.62
Antidepressant Medication Management-Effective Acute Phase Treatment	51.57	49.76	-3.50	-1.80	52.75	51.12
Comprehensive Diabetes Care- Hemoglobin A1c (HbA1c) Test	90.96	91.50	0.60	0.55	92.48	91.01

# Pilot Results—Measures Most Contracted-HARP

Measure Name	Year 1 Results	Year 2 Results	% Change	% Point Change	NYS Benchmark	VBP Benchmark
Breast Cancer Screening	78.88	71.48	-9.38	-7.40	62.8	70.40
Comprehensive Diabetes Care (CDC) - HbA1c Testing	90.86	93.30	2.69	2.44	89.18	91.01
Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy	92.00	94.26	2.46	2.26	90.34	92.50
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medication (SSD)	85.33	86.77	1.69	1.44	84.57	84.55
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependency (FUA) - 30 Day Rate	37.04	25.00	-32.51	-12.04	38.91	32.56
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependency (FUA) - 7 Day Rate	29.63	19.44	-34.39	-10.19	30.59	24.80
Follow-up After Hospitalization for Mental Illness (FUH) - 7 Day	86.49	77.78	-10.07	-8.71	58.82	43.28
Potentially Avoidable Readmissions	16.13	28.57	77.12	12.44	28.57	19.38

# Section 4: National Quality Measure Updates

# NCQA Proposed Changes Quality Measures for HEDIS® 2021

## Proposed Measures for Retirement

- *Annual Dental Visit\**
- *Medication Management for People With Asthma\**
- *Comprehensive Diabetes Care – Medical Attention for Nephropathy\**

\* Current NYS VBP Quality Measure

# NCQA Proposed Changes Quality Measures for HEDIS® 2021

## Proposed New Measures

- *Kidney Health Evaluation for Patients With Diabetes*
  - The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the measurement year.

# NCQA Proposed Changes Quality Measures for HEDIS® 2021

## Proposed Changes to Existing Measures

- *Well-Child Measures\**
- *Controlling High Blood Pressure\**
- *Depression Screening and Follow-Up Measures\**

\* *Current NYS VBP Quality Measure*

# Section 5: Medicaid Quality Strategy



# Quality Strategy Chief Aims & Goals:

## Aim 1: Improved Population Health

**Goal 1:** Improve Maternal Health

**Goal 2:** Ensure a Healthy Start

**Goal 3:** Promote Effective and Comprehensive Prevention and Management of Chronic Disease

**Goal 4:** Prevent and Reduce Nicotine and Substance Dependency

**Goal 5:** Suicide Prevention

## Aim 2: Improve Quality of Care

**Goal 6:** Promote Prevention with Access to High Quality Care

**Goal 7:** Keep Members in Their Communities

**Goal 8:** Improve Patient Safety

**Goal 9:** Create a Strategy to Promote Care Team Well-Being

## Aim 3: Lower Per Capital Cost

**Goal 10:** Paying for High-Value Care

# Questions



# Thank you!

***Please send questions and feedback to:***

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