



## **Meeting #1**

**Date: July 1, 2015 2:00pm**

**Location: 90 State St, Albany NY**

### **Attendees:**



TDI SC Meeting #1  
attendance.pdf

## **Overview**

This was the first meeting in a series of meetings for the Technical Design I Subcommittee (SC). The purpose of the meeting was to kick off the SC process, educate the SC members on Value Based Payments as well as provide context for the purpose and timeline of the SC work. In addition, the first two agenda items were introduced and will continue to be discussed in detail at the second SC meeting – Attribution and Benchmarking. This meeting also served as a forum to discuss any questions related to the agenda items and raise questions or concerns.

The specific Agenda for this meeting included the following:

1. Welcome and Introductions
2. SC Process and Timeline
3. Intro to Value Based Payment (VBP)
4. Agenda Item #1- Overview of Member Attribution
5. Agenda Item #2- Overview of Benchmarking
6. Next Steps and Action Items

## **Key Discussion Points**

### **1) Welcome and Introductions**

Greg Allen (DOH) along with the Co-chairs opened the meeting. The SC members, as well as other present parties were given the opportunity to introduce themselves.

### **2) SC Process and Timeline**

The SC purpose, process and timeline were described to the members of the SC. The scope of materials the SC will discuss was generated through a full review of the VBP Roadmap. For each topic discussed, the members will collectively discuss if the SC recommendations should be a standard or a guideline. A *standard* would apply to all parties participating in the VBP arrangements statewide whereas *guidelines* will not be mandatory and will rather provide general guidance and direction.

Each recommendation from the SC will be organized into a recommendation report which will be submitted to the VBP workgroup for review and approval.

Question was raised regarding how behavioral health and behavioral health organizations will play a significant part in the development of VBP. This relates to attribution, service delivery, and outcome measurement. Additionally, concern was noted regarding the placement of the Community Based Organization workgroup into the Social Determinants subcommittee meeting schedule. It was explained that the nominated members for the two originally planned groups had significant overlap, and out of respect for member's time was merged. Both Social Determinants and CBOs will have their own focused meetings within this subcommittee. Any specific overlap will be addressed with the co-chairs and brought back to the group for discussion.

**3) Intro to VBP** (Reference slide deck "VBP Introduction\_Tech Design I")

During the meeting NYS's transformation efforts were reviewed with highlighting of the VBP Roadmap.

**4) Agenda Item #1- Overview of Member Attribution** (Reference slide deck "Attribution Presentation")

The overview of member attribution was presented to the SC by Dr. Marc Berg. SC members acknowledged that a standardized approach to attribution would benefit providers, yet enforcing one method throughout the State could force some MCOs to change methods they have been using successfully for years. Greg Allen added that the SC should ensure alignment with the attribution for performance method that DSRIP uses so as to not create a disconnect between PPS project efforts and payment reform. Because both DSRIP and MCOs are drawing on the assigned PCP as the entry point for attribution for population-based VBP arrangements, the SC expressed that in practice, variation between methods may have few practical consequences. The suggestion was made to compare actual attribution patterns between e.g. the State's DSRIP method and a sample of health plans, including Healthfirst.

Members also discussed the idea of considering timeframes for recommendations in order to ensure that rules of the road were not set in stone and would be revisited in a predetermined timeframe. This approach appears aligned with the opportunity for the State to make updates to the Roadmap.




In discussing the type of providers that drive the attribution, the question was raised whether for the HARP population, the Health Home (assigned by the MCO) should be the default provider.

**5) Agenda Item #2- Overview of Benchmarking** (Reference slide deck "Benchmark Methodology Presentation.")

The overview of benchmarking was presented by Dr. Berg. In the course of discussion, members offered favorable feedback regarding the State producing general benchmarking guidelines. Members discussed the issue of "rebasings" and it was requested that this topic be addressed in the options brief for Meeting #2.

When discussing shared savings, several members suggested that using standardized costs to establish whether a benchmark is made or not is the most proper method, because that avoids taking externals into account such as GME, DME, other add-ons, regional price-differences, etc. On the other hand, when the savings to be shared are actually calculated, it is crucial to use the ‘fully loaded’ price, to avoid the risk of losing ‘add-ons’ without getting shared savings from those. Members requested underlying data and analysis to inform future discussion and decision making in regards of benchmarking.

**Materials that have been distributed during the meeting:**

#	Document	Description
1	VBP Introduction Tech Design I  VBP Introduction_Tech D	A presentation deck introducing VBP, goals and how it will be implemented.
2	Attribution Presentation  Attribution Presentation.pptx	A brief overview of the option components of member attribution.
3	Benchmarking Methodology Presentation  Benchmark Methodology Preser	A brief overview of the benchmarking methodology.

**Key Decisions**

Consensus decisions on the two agenda items will be finalized in the next meeting on July 23, 2015 that will be taking place at the School of Public Health, Café Conference Room at 2 pm.

**Conclusion**

In the next meeting the SC will discuss in detail Attribution and Benchmarking, as well as introduce the following two agenda topics:

1. When considering savings, what should the risk percentages be? How should shared savings be split?
2. In Level 2, what should be the practical approach to retrieving overpayments by plans to providers?