Value Based Payment Quality Improvement Program (VBP QIP)

Update Webinar
Today’s Agenda

• VBP QIP Program Updates

• VBP QIP Facility Plan Guidance Document
  – P4P Updates
  – P4R Updates

• DY3 Timeline and Q&A
VBP QIP Program Updates
VBP QIP Financing

• Demonstration Year (DY) 3 amounts for each facility are still being calculated as part of the state budget process.

• Once DY3 amounts are finalized, the Department of Health (DOH) will submit a rate package to Division of Budget (DOB) and the Centers for Medicare and Medicaid Services (CMS) for approval.
  ➢ Managed Care Organizations (MCOs) will continue to receive their current DY2 per member per month (PMPM) amounts until the rate package is approved.

• For questions on VBP QIP financing, please contact bmcr@health.ny.gov.
VBP QIP MCO Governance Documents

• DOH released their reviews of the Group 2 MCOs’ Governance Documents.

• Updated Group 2 Governance Documents must be submitted to DOH by Friday, March 24th, 2017.
VBP QIP DY 3 Guidance Packet

• Similar to the VBP QIP DY2 Guidance Packet that DOH distributed to participants, DOH plans on releasing a VBP QIP DY3 Guidance Document.
  ➢ This document is meant to restate the purpose of the program and provide VBP QIP participants information they need to progress into the third year of the program.

• The document is expected to be released by Friday, March 10th, 2017.
VBP QIP Facility Plan Template

- At the beginning of the program, DOH provided participants a VBP QIP Facility Plan template. DOH will not be providing an updated template.
  - However, participants are expected to align their updated Facility Plans to the requirements set forth in the Facility Plan Guidance Document released in February 2017.
Pay for Performance (P4P) Updates
Rural Health (RH) and Critical Access (CA) Measures

• Populations served by RH and CA facilities may not be sufficient to meet current program requirements.
  ➢ These facilities did not have sufficient volume for measure denominators to be valid (30 or more events).

• DOH created an addendum to the Facility Plan Guidance Document for measure selection and reporting that applies to facilities with less than 100 licensed medical/surgical beds.
### Changes in Facility Plan Guidance for RH or CA Facilities

<table>
<thead>
<tr>
<th>Changed</th>
<th>Unchanged</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Valid denominators of 15 or more across all measures</td>
<td>• Roles and responsibilities of partners</td>
</tr>
<tr>
<td>• Four additional measures on menu for RH/CAH VBP QIP Facilities</td>
<td>• Criteria for measure achievement in Quarterly Improvement Targets (QIT) and Annual Improvement Targets (AIT)</td>
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<td></td>
<td>• Criteria for alternate measures</td>
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<td>• Six (6) measures required</td>
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<td>• Pay for reporting (P4R) requirements</td>
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P4P Alternative Measures Update

• DOH recommends that facilities have the option to choose a maximum of two alternative quality measures.
  ➢ The MCO must agree to an approach to using alternative measures.
  ➢ Facility / MCO will also be responsible for gathering / approving benchmark data for the measures to use in AIT.

• Recommended criteria for alternate measure selection:
  ➢ Other nationally recognized measures not included in the measure menu.
  ➢ Measures similar to nationally recognized measures that are currently in use at the facility as part of quality improvement efforts.
    • For example, this may include measures with facility- defined specifications related to length of stay or hospital acquired infections.
  ➢ Facility should select measures where it has the ability to show improvement.
P4P Alternative Measures - Examples

• Some examples of alternative measures could include:
  ➢ Sepsis Mortality
  ➢ Care Transition Measure (HCAHPS – CTM-3)
  ➢ ED-1 Median time for ED arrival to ED departure for admitted ED patients
  ➢ ED-2 Admit Decision Time to ED Departure Time for Admitted Patients
  ➢ SSI
  ➢ 6-hour Sepsis Bundle
  ➢ MRSA Infection Rate
  ➢ AMI-08a Primary PCI Received Within 90 Minutes of Hospital Arrival --
  ➢ VTE-6 Incidence of potentially preventable VTE

• For questions on VBP QIP quality measures, please email the SPARCS BML at sparcs.submissions@health.ny.gov with “VBP QIP Measures” in the title.
Pay for Reporting (P4R) Updates
P4R Requirements for DY3 Q1

- P4R milestones drive 100% of payments in DY3 Q1 by meeting the milestones listed below
  - In order to receive the full DY3 Q1 payment***, a VBP QIP Facility must provide the following by **April 1, 2017:**
    - The LOI can be substituted with a Contract Attestation if a VBP contract exists by April 1, 2017.
    - Facilities should provide calendar year 2015 Managed Care revenue from cost reports for each Medicaid Managed Care contract the facility had in that year. Facility should also include projections for which VBP contracts that will have a TCGP value-based arrangement by April 1, 2018.**

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*VBP contract may be with an MCO that is not the facility's VBP QIP paired MCO.
**The MCO Contract List should allow the facility to understand which TCGP contracts may be needed to meet the goal of having 80% Medicaid Managed Care funds flow through VBP by April 1, 2018.
***Partial payment may be awarded for DY3 Q1 deliverables. Each deliverable in DY3 Q1 is weighted at 50% of total quarterly payment.
P4R Requirements for DY3 Q2

- P4R milestones also drive 100% of payments in DY3 Q2 by meeting the milestones listed below
  - In order to receive the full DY3 Q2 payment, a VBP QIP facility must meet the following requirements* by **July 1, 2017**:
    - Submit to both DOH & MCO: Sign at least one Level 1, VBP contract and provide Contract Attestation
    - Submit to both DOH & MCO: Provide LOIs with the remaining Medicaid MCOs
    - Submit to DOH: Updated MCO Contract List

Facility must provide its VBP QIP paired MCO with a Contract Attestation confirming that the parties indeed signed at least a Level 1 VBP contract in accordance with the New York State (NYS) VBP Roadmap.

 Facility must provide copies of LOIs with remaining Medicaid MCOs needed to meet the 80% VBP contracting target (as outlined in the updated MCO Contract List the facility submitted on July 1) to their VBP QIP paired MCO.

 Facility must submit an updated MCO Contract List with calendar year 2016 Medicaid Managed Care revenue from cost reports and VBP arrangement information outlining a plan to meet the 80% VBP contracting target.

The MCO Contract List submitted by July 1 needs to be accompanied by an attestation confirming the accuracy of the data by a senior financial manager at the Facility.

*Partial payment may be awarded.*
P4R Requirements in DY4 and DY5

• In order to receive DY4 payments, a VBP QIP facility must have Medicaid MCO contracts where at least 80% of total Medicaid MCO contracted payments (based on CY 2016 data) to the facility are tied to Level 1 VBP components by April 1, 2018.
  ➢ Facility must provide its VBP QIP paired MCO with Contract Attestations confirming that the partners have indeed signed VBP contracts that these contracts fulfill the requirements of the NYS VBP Roadmap. MCO will check the contract attestations again the MCO LOIs submitted in July 2017.
  ➢ There should be one attestation for each MCO that captures all the arrangements the facility/contracting entity and MCO has entered into.

• In DY4, facilities can earn P4R payments in all quarters by having and maintaining qualifying Level 1 VBP contracts and working towards higher levels of VBP. If Level 1 VBP contracts are not signed according to LOIs submitted in July, the facility is at risk of losing 100% of P4R payments in DY4.

• In DY5, the facility must comply with the DY4 P4R requirement, or it is at risk for a 50% reduction in DY5’s P4P payment amount.
Letter of Intent Template Demo
Contract Attestations

• Every VBP QIP Facility must attest to its VBP QIP paired MCO about the existence of a VBP contract(s). Such attestation must be signed by a senior leader from both the VBP QIP Facility and the MCO with whom the Facility is contracting.

1. April 1, 2017 deadline:
   ➢ Attestation can be submitted in lieu of a LOI if a VBP contract is signed before April 1, 2017;
     • If a facility submits a Contract Attestation in lieu of an LOI in April 1, 2017, partners may agree that the facility does not have to resubmit the Contract Attestation as proof of one Level 1 VBP contract in July 1, 2017.

2. July 1, 2017 deadline:
   ➢ Attestation must be submitted on or before July 1, 2017 for at least one (or more) VBP contract due on July 1, 2017;
   ➢ Attestations can be submitted in lieu of one or more of the remaining LOIs if VBP contracts are signed before July 1, 2017;
   ➢ Attestations can also be submitted at any time between July 1, 2017 and April 1, 2018 if VBP contracts are signed before the due date of April 1, 2018;

3. April 1, 2018 deadline:
   ➢ Attestations must be submitted for all contracts due on April 1, 2018.
MCO Contract List – Getting to 80% in VBP

• Every VBP QIP Facility must submit a total of two MCO Contract Lists:
  • 1\textsuperscript{st}: April 1, 2017 (Using CY 2015 data / No attestation required).
  • 2\textsuperscript{nd}: July 1, 2017 (Using CY 2016 data / Attestation by financial official).

• The purpose of the MCO Contract List is to:
  1. Provide each VBP QIP facility with a tool to evaluate and assess where there are opportunities for transitioning services to VBP TCGP arrangements
  2. Collect information on each MCO that the VBP QIP Facility is currently contracted with as well as measure what percentage of those contract payments are part of value-based arrangements, and
  3. Assist the DOH in evaluating each Facility’s progress in VBP Contracting.
MCO Contract List Template Demo
Financial Attestations

• As part of the July 2017 MCO Contract List submission, every VBP QIP Facility must provide a written attestation confirming the accuracy of the data included by the Facility.

• The attestation must be provided by the Facility’s authorized senior financial manager.
  ➢ July 1, 2017 deadline:
    • Attestation must be submitted together with the updated MCO Contract List.
MMCOR Reporting
MMCOR Reporting Guidance for MCOs

MMCOR reports will be used to evaluate performance in the VBP QIP. MCOs should take note of the following within the MMCOR reports:

• Tables 6, 7-1, 7-2, 7-3, 7-4:
  ➢ All Supplemental Program revenue will be reported within the capitation line using the PMPM rate provided on your plan’s Schedule B. The accrued amounts passed on to the PPS groups are to be entered in the appropriate lines within the medical revenue section of the worksheet.

• Tables 19, 19A, 19B, 19C:
  ➢ These tables are stand alone, Statewide only tables. They are to be completed on a year-to-date actual cash in/cash out basis. They are not tied to any other table within the report.

• Table 22A:
  ➢ Administrative costs are to be accrued and entered in the appropriate lines on Table 22A.
  ➢ The revenue amounts you receive are manually removed from your total premium when we are calculating your plan’s contingent reserve amount. The funding you receive for the Supplemental Programs does not affect your contingent reserve or your escrow amount.
# MMCOR Reporting Timeframes

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<thead>
<tr>
<th>Quarter</th>
<th>Timeline</th>
<th>Report Due</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>January 1 – March 31</td>
<td>May 15</td>
</tr>
<tr>
<td>2</td>
<td>January 1 – June 30</td>
<td>August 15</td>
</tr>
<tr>
<td>3</td>
<td>January 1 – September 30</td>
<td>November 15</td>
</tr>
<tr>
<td>4 (Annual)</td>
<td>January 1 – December 31</td>
<td>April 1 of following year</td>
</tr>
</tbody>
</table>

- For questions on MMCOR reporting, please contact [bmcfhelp@health.ny.gov](mailto:bmcfhelp@health.ny.gov)
DY3 Timeline and Q&A
## Deliverable Submission

<table>
<thead>
<tr>
<th>Report</th>
<th>Submitted by</th>
<th>Submitted to</th>
<th>Frequency</th>
<th>Location</th>
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<tbody>
<tr>
<td>VBP QIP Contracts</td>
<td>MCOs</td>
<td>DOH</td>
<td>As updated</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
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<tr>
<td>Approved Facility Plans</td>
<td>MCOs</td>
<td>DOH</td>
<td>March 31, 2017</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
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<tr>
<td>1 LOI or Contract Attestation</td>
<td>Facilities</td>
<td>MCOs &amp; DOH</td>
<td>April 1, 2017</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
</tr>
<tr>
<td>MCO Contract List with 2015 data</td>
<td>Facilities</td>
<td>DOH</td>
<td>April 1, 2017</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
</tr>
<tr>
<td>1 Contract Attestation for Level 1 VBP</td>
<td>Facilities</td>
<td>MCOs</td>
<td>July 1, 2017</td>
<td></td>
</tr>
<tr>
<td>Remaining LOIs (or Contract Attestations)</td>
<td>Facilities</td>
<td>MCOs &amp; DOH</td>
<td>July 1, 2017</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
</tr>
<tr>
<td>MCO Contract List with 2016 data and Facility Attestation</td>
<td>Facilities</td>
<td>DOH</td>
<td>July 1, 2017</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
</tr>
<tr>
<td>Remaining Contract Attestations</td>
<td>Facilities</td>
<td>MCOs &amp; DOH</td>
<td>April 1, 2018</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
</tr>
<tr>
<td>Documentation of achievement of P4P metrics</td>
<td>Facilities</td>
<td>MCOs</td>
<td>Quarterly</td>
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<tr>
<td>Documentation of approval of P4P deliverables and supporting documentation</td>
<td>MCOs</td>
<td>DOH</td>
<td>Quarterly</td>
<td><a href="mailto:vbp_qip@health.ny.gov">vbp_qip@health.ny.gov</a></td>
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If a facility submits a Contract Attestation in lieu of an LOI in April 1, 2017, partners may agree that the facility does not have to resubmit the Contract Attestation as proof of one Level 1 VBP Contract in July 1, 2017.
# VBP QIP DY3 Timeline

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>VBP QIP DY3 Guidance Released</td>
<td>Mar 10, 2017</td>
</tr>
<tr>
<td>MCOs submit a revised VBP QIP Governance Document to DOH for review (Group 2)</td>
<td>Mar 24, 2017</td>
</tr>
<tr>
<td>Facilities submit their updated, MCO approved, Facility Plan to DOH</td>
<td>Mar 31, 2017</td>
</tr>
<tr>
<td>Facilities must provide DOH with LOI to sign Level 1 VBP contracts with one MCOs</td>
<td>Apr 1, 2017</td>
</tr>
<tr>
<td>Facilities must provide DOH with a List of Medicaid MCO contracts with 2015 cost data</td>
<td>Apr 1, 2017</td>
</tr>
<tr>
<td>Facilities must have at least one Level 1 VBP contract signed; contract attestation(s) included</td>
<td>Jul 1, 2017</td>
</tr>
<tr>
<td>Facilities must provide DOH with outstanding LOIs for Medicaid MCOs to contract</td>
<td>Jul 1, 2017</td>
</tr>
<tr>
<td>Facilities must provide DOH with an updated List of Medicaid MCO contracts with 2016 cost data; financial attestation included</td>
<td>Jul 1, 2017</td>
</tr>
<tr>
<td>Facilities must have Medicaid MCO contracts where at least 80% of total Medicaid MCO contracted payments to the facility are tied to Level 1 VBP components.</td>
<td>Apr 1, 2018</td>
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Important Information

VBP Resource Library:
• Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library
• Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library

VBP Website:
• Path: DSRIP Homepage → Value Based Payment Reform
• Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform
Appendix
VBP Contract Statement and Certification Form

- DOH is in the process of finalizing the new MCO Contract Statement and Certification Form. It is due to be released later this month.
  - The form contains a number of sections to be filled out by the MCO that the Facility is entering into a VBP contract with (Sections A – G).
  - This form needs to be completed and submitted to DOH together with the VBP contract as well as any other supporting documentation.

The following slide will include descriptions of each section.
VBP Contract Certification Form (cont.)

• **Section A “Submission Includes”**
  • This section gathers basic information about the contract being submitted.

• **Section B “Contracting Parties”**
  • This section gathers information about parties to the contract.

• **Section C “Contract Provisions”**
  • This section gathers information about payment streams and risk levels (fee-for-service, capitation, upside/downside risk, etc.) for services provided under VBP arrangement (on menu or off menu).

• **Section D “Financial Arrangements”**
  • Gathers information on payment methodology to the provider.
VBP Contract Certification Form (cont.)

• **Section E “Tier Determination”**
  • This sections asks to identify which review tier the contract is falling under.

• **Section F “Additional Requirements” (as applicable)**
  • E.g.: financial viability requirements, out of network services, financial security deposit requirements, etc.

• **Section G “Certification”**
  • This sections requires MCO and Notary signatures as well as contact information.
Thank you for your continued support with VBP QIP!

- The next VBP QIP Update Webinar is scheduled for **Wednesday, April 19th from 2:00 pm – 3:00 pm**.

- For questions on VBP QIP quality measures, please email the SPARCS BML at [sparcs.submissions@health.ny.gov](mailto:sparcs.submissions@health.ny.gov) with “VBP QIP Measures” in the title.

- For questions on VBP QIP financing, please contact [bmcr@health.ny.gov](mailto bmcr@health.ny.gov).

- For other questions on VBP QIP, please contact the VBP QIP inbox at [vbp_qip@health.ny.gov](mailto:vbp_qip@health.ny.gov).