

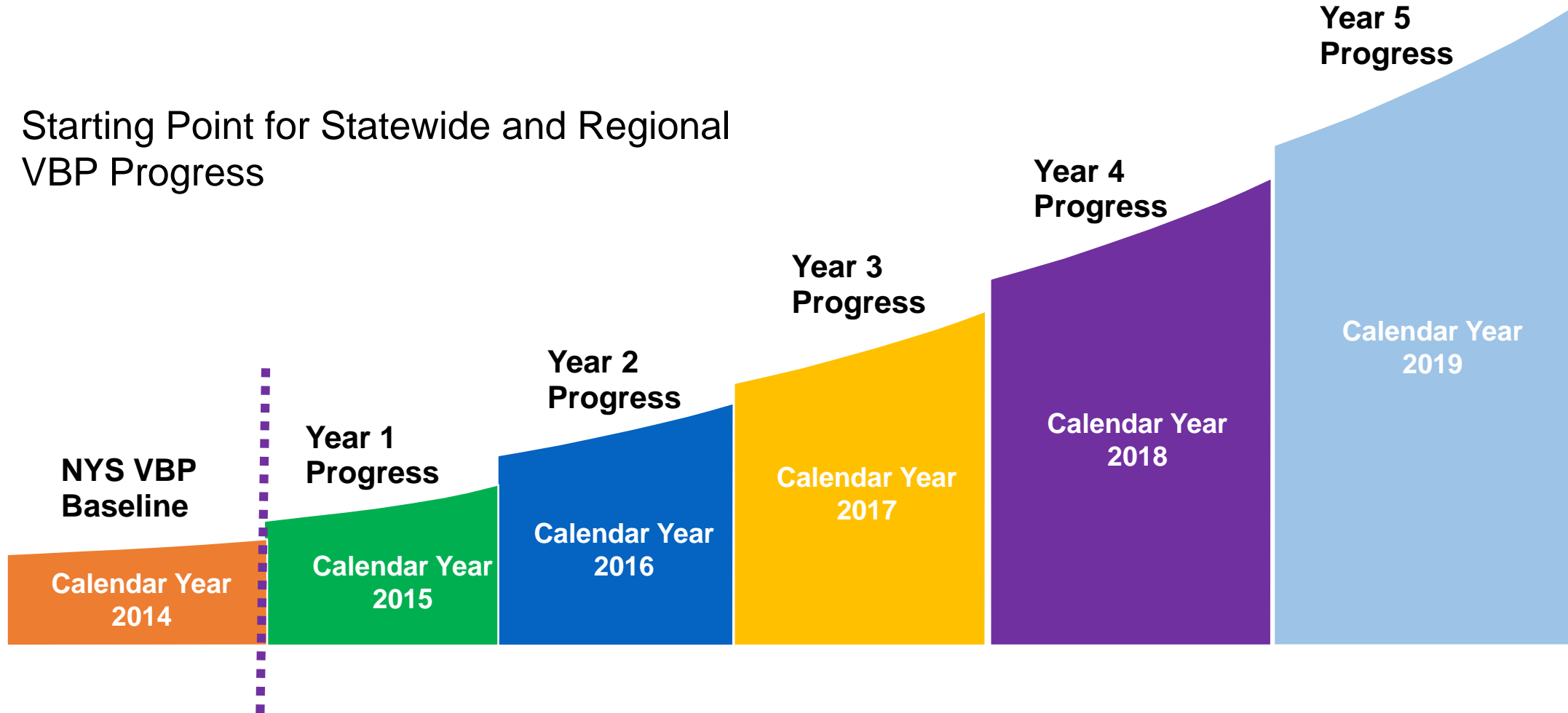


Managed Care Organization (MCO) Baseline Survey - Results

Presentation Providing an Overview of the Results from the MCO Baseline Survey

MCO Baseline Survey

Starting Point for Statewide and Regional VBP Progress



CMS Reporting Requirements

The Baseline Survey was designed to meet the commitments of the VBP Roadmap for reporting progress to CMS on the Statewide Goal:

Reference	Reported Information
NYS VBP Roadmap pg. 2	VBP Progress measured in total dollars and outcomes
NYS VBP Roadmap pg. 2	VBP Implementation guidelines, specifications, and changes to the Roadmap
NYS VBP Roadmap pg. 9	Progress and details on the development of any 'off menu' VBP arrangements
NYS VBP Roadmap pg. 21	Details on how MCOs reward high or low performing providers, including expenditure trends per VBP arrangement
<i>NYS VBP Roadmap pg. 31</i>	<i>The annual percentage increase of VBP in the state, providers impacted by alternate payment arrangements, and percentage of provider payments impacted</i>

Purpose of the MCO Baseline Survey

- The purpose of this survey was to get a ‘baseline’ for measuring statewide progress towards both the overall 80-90% VBP Goal and the 35% VBP Target for Levels 2 and 3
- 56 Health Plans Submitted Surveys, including:
 - 16 Mainstream Managed Care
 - 30 Managed Long Term Care
 - 7 Medicaid Advantage Plus
 - 3 HIV Special Needs Plans

MCO Baseline Survey Outline

The survey is broken down into the following eight sections:

Section 1: Contact and Organization Information

Section 2: Market Position

Section 3: Management Contracts by Administrative Function

Section 4: Medicaid Managed Care Spending by Category & Reimbursement Methods

Section 5: Regional Spending

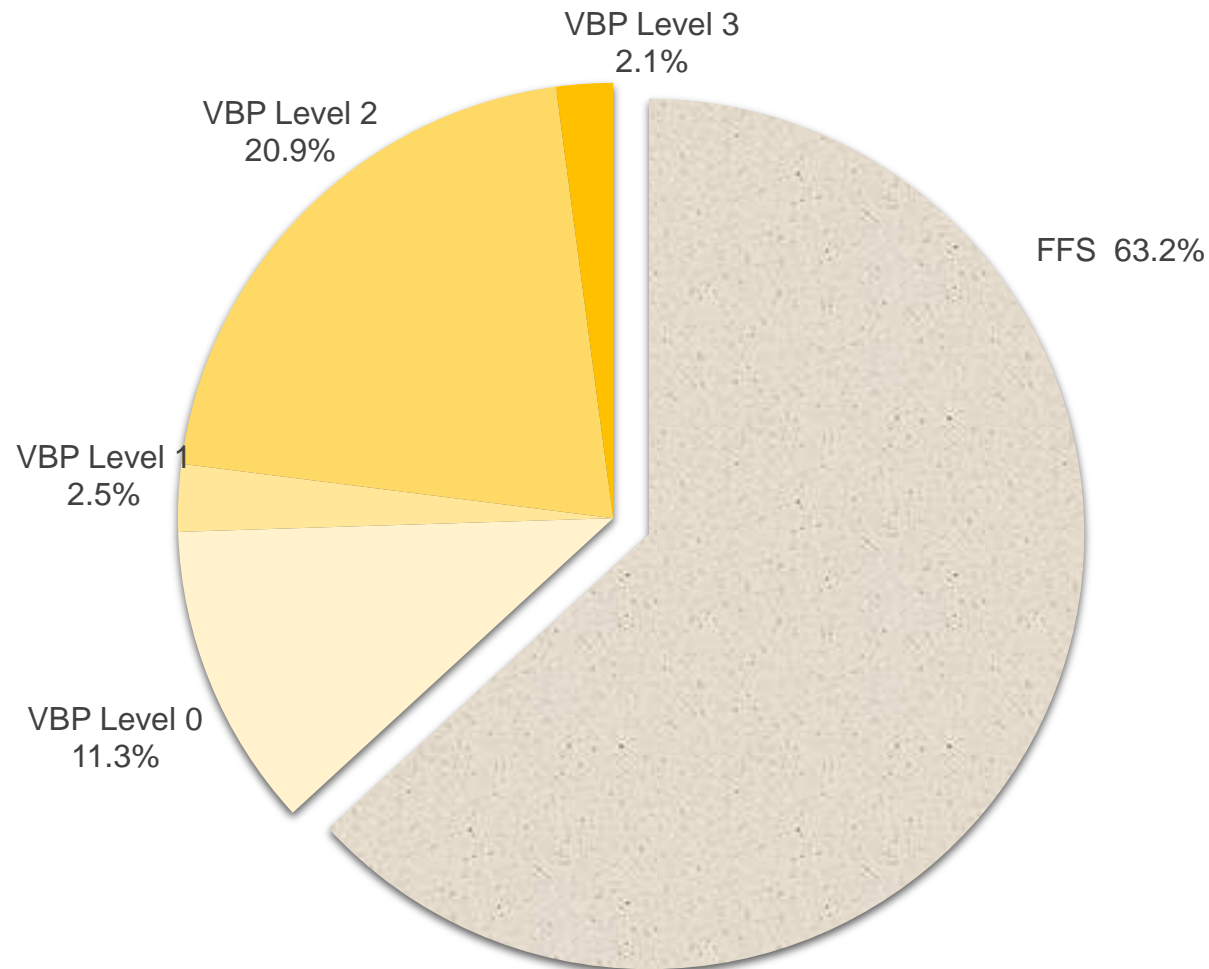
Section 6: Use of Quality Metrics

Section 7: Patient Incentives

Section 8: Potentially Excluded Costs

Broad Overview of Results

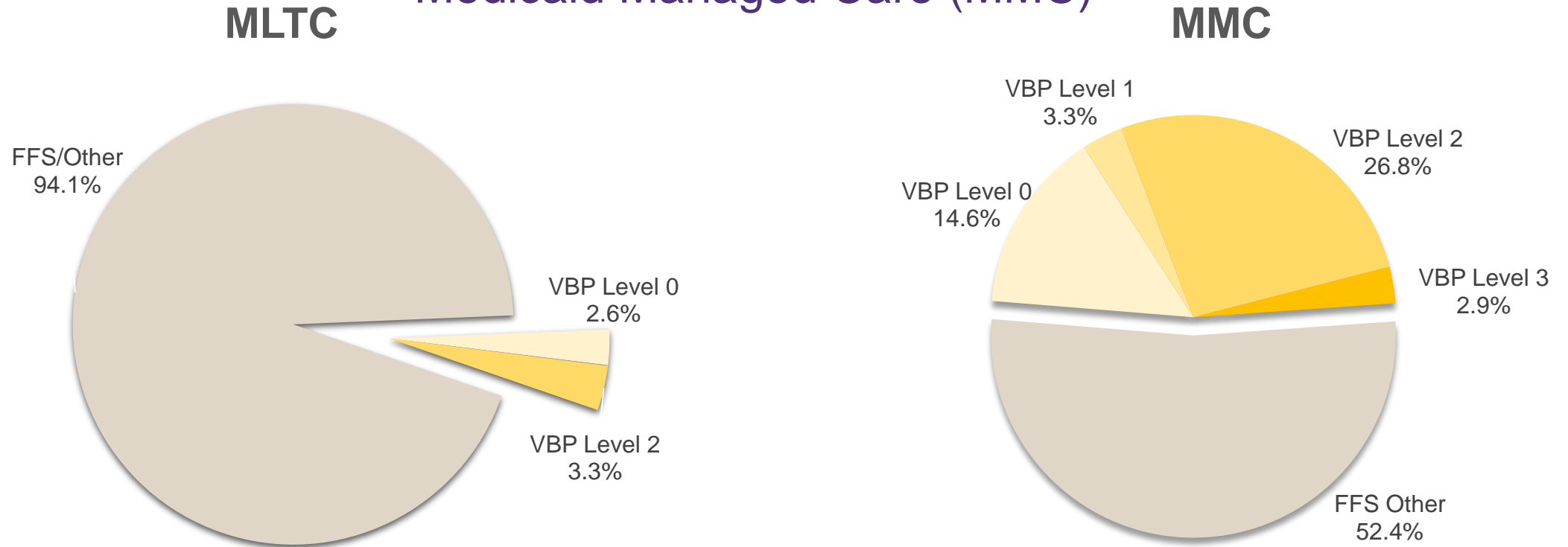
VBP Baseline of Levels 1 - 3 for CY 2014: **25.5%**



VBP Level	Spending or %
Total Spending	\$ 22,740,721,858
FFS	\$ 14,362,684,088 63.2%
VBP Level 0	\$ 2,575,676,354 11.3%
VBP Level 0 Quality	\$ 2,036,359,972 9%
VBP Level 0 No Quality	\$ 539,316,383 2.4%
VBP Level 1	\$ 567,583,615 2.5%
VBP Level 2	\$4,757,327,628 20.9%
VBP Level 3	\$477,450,172 2.1%

*All unallocated plan spending is included under FFS

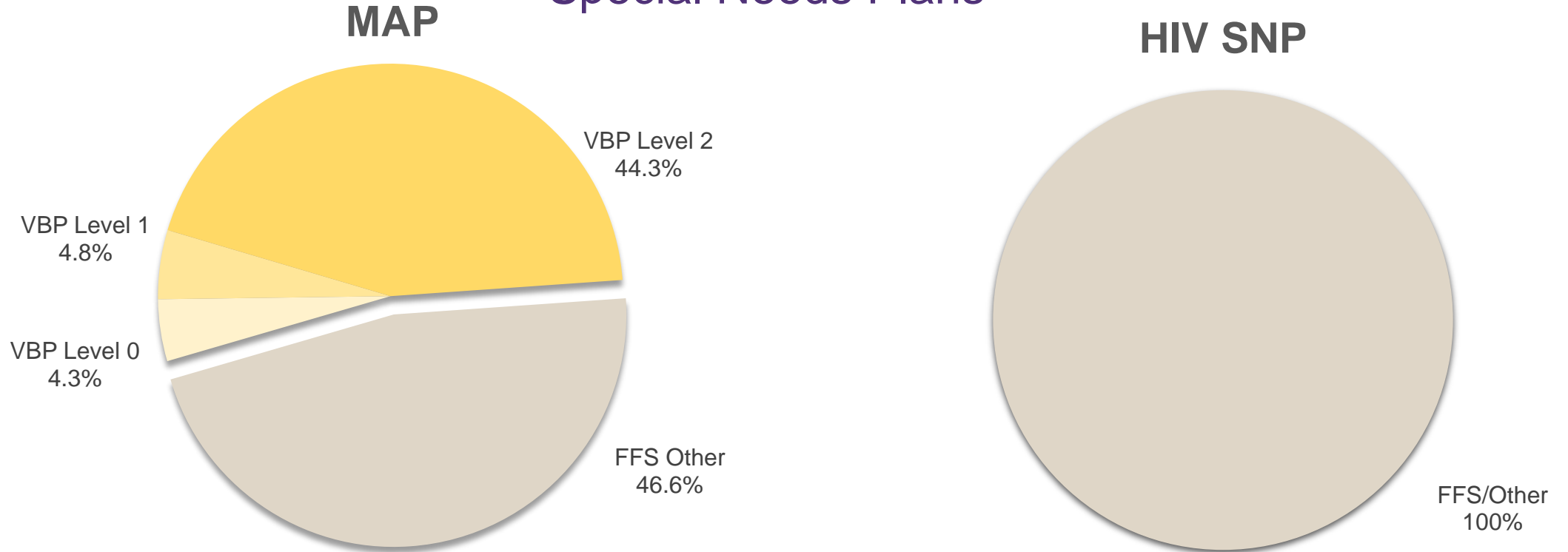
Results by Line of Business: Managed Long Term Care (MLTC) and Medicaid Managed Care (MMC)



Plan Type	Total	FFS/Other	VBP Level 0	VBP Level 1	VBP Level 2	VBP Level 3
MLTC	\$ 5,114,452,482	\$ 4,813,251,661	\$ 132,294,419	\$ 1,749,399	\$ 167,157,003	\$ -
MMC	\$ 16,595,927,084	\$ 8,698,195,942	\$ 2,429,094,296	\$ 549,827,893	\$ 4,441,358,780	\$ 477,450,172

*All unallocated plan spending is included under FFS

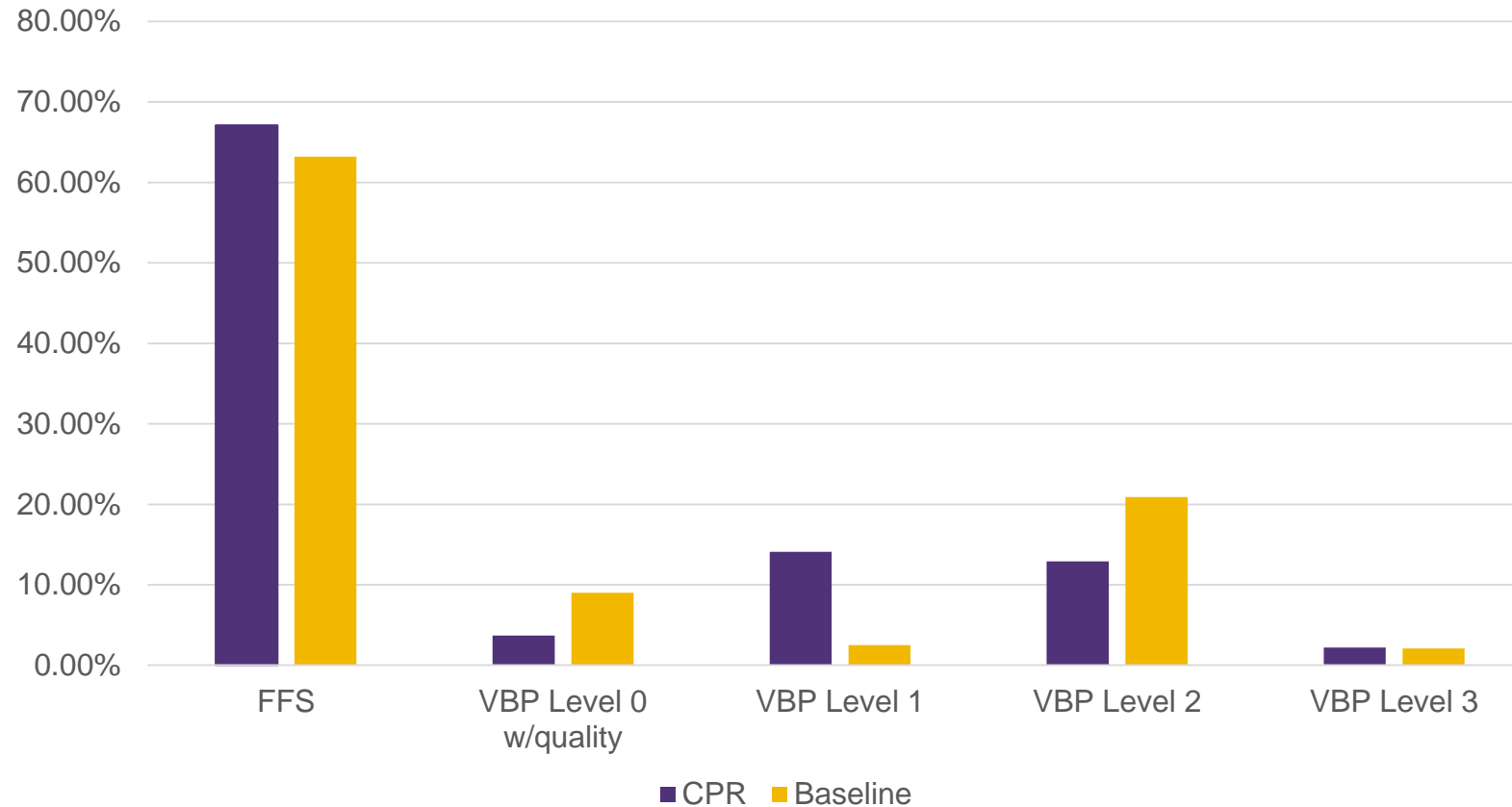
Results by Line of Business: Medicaid Advantage Plus (MAP) and HIV Special Needs Plans



Plan Type	Total	FFS/Other	VBP Level 0	VBP Level 1	VBP Level 2	VBP Level 3
MAP	\$ 335,957,318	\$ 156,851,511	\$ 14,287,639	\$ 16,006,323	\$ 148,811,845	\$ -
HIV SNP	\$ 694,384,974	\$ 694,384,974	\$ -	\$ -	\$ -	\$ -

*All unallocated plan spending is included under FFS

Comparison with the Catalyst for Payment Reform Survey (CPR)



MCO Baseline Survey VBP Level 0 (with quality) and VBP Levels 1,2,3: 34.5%

Catalyst for Payment Reform – Payments made through a reform methodology: 32.9%

- **CPR Survey involved 15 MMCs, while the Baseline Survey took information from 56 plans across MMC, MLTC, MAP, and HIV SNP.**
- **Baseline ties to MMCOR submissions for CY 2014, while CPR was for CY 2013.**

Regional Breakout for Mainstream Managed Care Plans

MMC Regional	Total Spending	FFS %	VBP Level 0 %	VBP Level 1 %	VBP Level 2 %	VBP Level 3 %
All Regions	\$ 16,595,927,084	49.0%	14.4%	3.5%	26.8%	0.6%
Central	\$ 1,893,793,991	77.9%	21.9%	0.0%	0.0%	0.2%
Finger Lakes	\$ 490,881,601	81.9%	17.8%	0.0%	0.0%	0.3%
Long Island	\$ 954,442,498	54.8%	13.6%	2.1%	28.5%	1.0%
Mid-Hudson	\$ 568,675,021	68.4%	23.1%	6.8%	1.1%	0.6%
New York City	\$ 9,002,119,262	36.7%	10.9%	5.7%	46.2%	0.5%
Northeast	\$ 584,248,201	73.7%	24.7%	0.4%	0.0%	1.3%
Northern Metro	\$ 730,895,887	71.9%	23.5%	1.7%	1.0%	1.9%
Utica-Adirondack	\$ 388,274,491	60.5%	38.3%	0.0%	0.0%	1.1%
Western	\$ 1,026,019,489	81.6%	17.8%	0.0%	0.0%	0.6%

*Plans significantly underreported for the regional section of the survey. Variances between amounts reported here and in previous sections reflect these unallocated funds

Regional Breakout for All Other Lines of Business

Other Regional	Total Spending	FFS %	VBP Level 0 %	VBP Level 1 %	VBP Level 2 %	VBP Level 3 %
All Regions	\$ 6,144,794,774	88.9%	2.6%	0.3%	5.1%	0.0%
New York City	\$ 5,811,585,780	91.7%	2.6%	0.3%	5.4%	0.0%
Long Island /Northern Metro	\$ 98,591,520	100.0%	0.0%	0.0%	0.0%	0.0%
Rest of State	\$ 41,215,726	79.1%	20.9%	0.0%	0.0%	0.0%

- Includes an aggregate of the Managed Long Term Care Plans, Medicaid Advantage Plus Plans and HIV SNP that were surveyed
- Regions for those three lines of business were grouped into the regions listed above

*Health Plans significantly underreported for the regional section of the survey. Variances between amounts reported here and in previous sections reflect these unallocated funds

Thank You!