



**Department  
of Health**

Medicaid  
Redesign Team

# Measure Support Task Force Combined Sub-team Meeting

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June 12, 2018

# Agenda

- Opening Remarks
- Medicare Access and Children's Health Improvement Program Reauthorization Act (MACRA) & VBP Alignment
- Health Information Exchange (HIE) to support Quality Measurement
  - DSRIP Performance Measurement & Supplemental Data
- Next Steps

# Opening Remarks

# Medicare Access and Children's Health Improvement Program Reauthorization Act (MACRA) & VBP Alignment

# MACRA establishes the Quality Payment Program

**Under MACRA, CMS introduced a new Medicare merit-based incentive payment system and put into place processes for developing, evaluating, and adopting alternative payment models (APMs).**

## MACRA Title I

- Consolidates several quality programs
- Offers bonus payments for participation in certain APMs
- Repeals the Sustainable Growth Rate (SGR) for physician reimbursement
- Creates a new Physician Fee Schedule
- Promotes industry alignment through multi-payer models

### The Quality Payment Program (QPP)

This QPP reformed Medicare Part B payments for more than 600,000 clinicians across the country. The program aims to:

- 1) Support care improvement by focusing on better outcomes for patients
- 2) Promote the adoption of APMs
- 3) Advance existing delivery system reform efforts

## The Quality Payment Program offers 2 tracks to compliance.

- Under the Medicare QPP, eligible clinicians\* (those subject to participation in the program) will participate via one of two tracks:

### Merit-based Incentive Payment System (MIPS)

*MIPS participants will earn a performance-based payment adjustment related to scoring across 4 performance categories:*

- *Quality Measurement*
- *Use of Certified EHR Technology*
- *Resource Use, i.e. cost*
- *Clinical Practice Improvement Activities*

**OR**

### Advanced Alternative Payment Models (Advanced APMs)

- *Providers who qualify to participate in the Advanced APM track will be excluded from MIPS reporting requirements and receive a bonus on Medicare Part B payments.*
- *Providers can qualify for the Advanced APM track by sufficiently participating in Medicare and Other Payer Advanced APMs, meeting specific thresholds for percentage of patients seen or payments received under Advanced APM arrangements.*

# VBP Alignment with QPP Quality Measure Requirements

- **QPP Requirements**

- The MIPS Track: Eligible clinicians must select and report on 6 quality performance measures from the MIPS quality measure list, **including 1 outcome measure** or another high-priority measure if there is no applicable outcome measure.
- The Advanced APM Track: In order to be deemed an Advanced APM, **the contractual arrangement must include MIPS-comparable quality measures tied to payment, including 1 outcome measure on the MIPS Measure List.**

- **How does the State's VBP Quality Measure sets align?**

Arrangement	Total Measures	Measures included on the MIPS Measure List		
		Total	Process Measures	Outcome Measures
TCGP/IPC	53	21	19	2
HARP	42	15	12	3
HIV/AIDS	44	17	14	3
Maternity Care	18	1	1	0

# MACRA Education Session June 13, 1 PM

Topic: **MACRA Education Session**

Host: Office of Health Insurance Programs (OHIP)

Date and Time:

Wednesday, June 13, 2018 1:00 pm, Eastern Daylight Time (New York, GMT-04:00)

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To register for the online event  
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1. Go to

<https://meetny.webex.com/meetny/onstage/g.php?MTID=e3a703a7c4cfc18adb6f2708c44730316>

2. Click "Register".

3. On the registration form, enter your information and then click "Submit".

Once the host approves your registration, you will receive a confirmation email message with instructions on how to join the event.

# Health Information Exchange (HIE) to support Quality Measurement

*DSRIP Performance Measurement & Supplemental Data*

# DSRIP Performance Measurement Hybrid Medical Record Data Sources

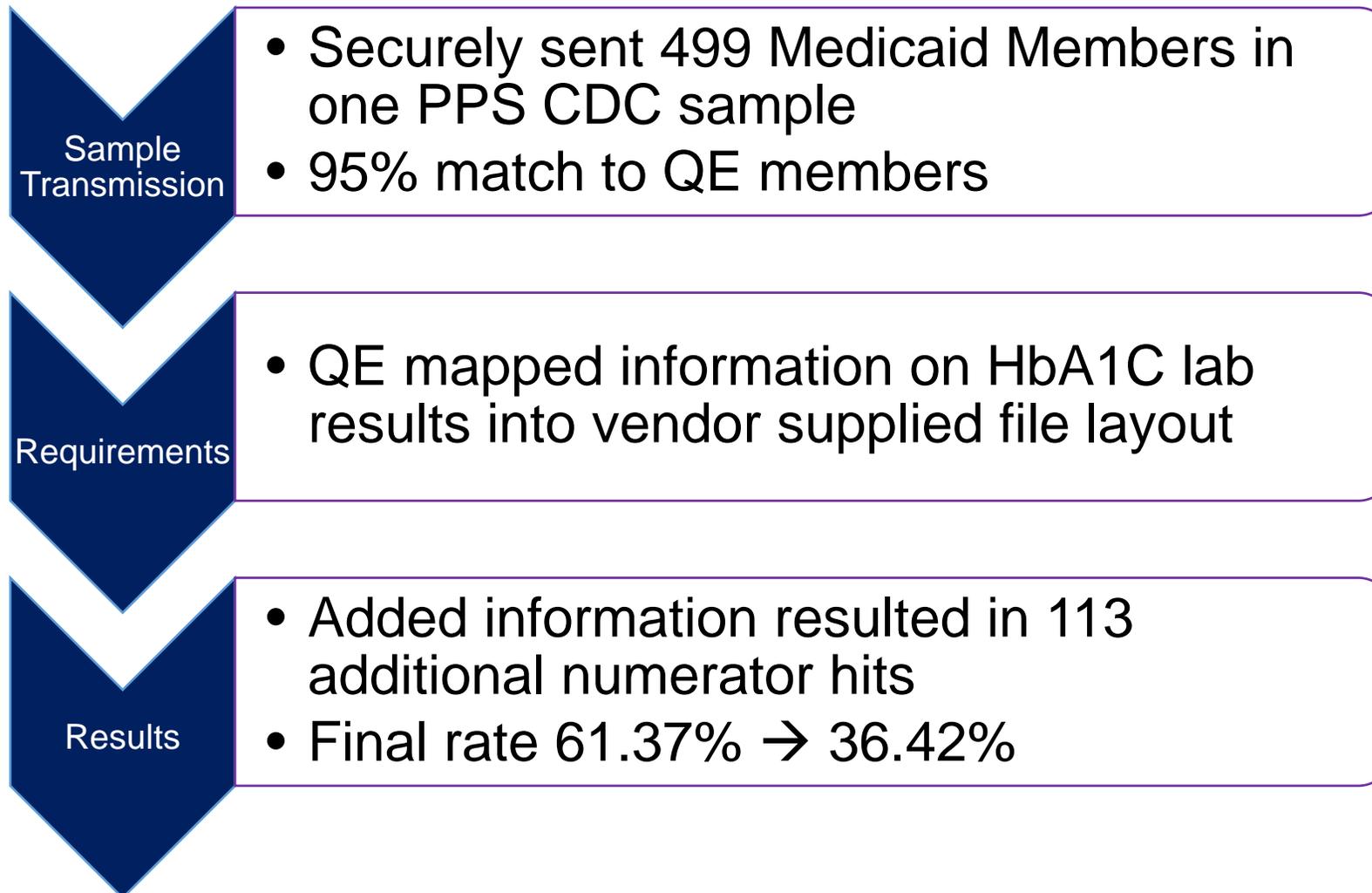
## ✓ Administrative Data

- Claims/Encounters
- Supplemental data
  - Immunization registry
  - Lab data
  - Visit dates (Chase)

## ✓ Medical Records

Administrative Data	Medical Record Abstraction
<p><b>Reduces burden</b> of medical record collection</p> <p><b>Allows for prioritization</b> of certain measures in collection process</p>	<p><b>Medical record abstraction can provide:</b></p> <ul style="list-style-type: none"> <li>• Clinical information to augment claims</li> <li>• More specific evidence of clinical care provided than revealed by claims</li> </ul> <p><b>For some measures, claims information is incomplete.</b></p> <ul style="list-style-type: none"> <li>• Chart review information is used to provide evidence of the service provided (numerators)</li> <li>• Chart review information can also be used to verify population being measured (denominators/exclusions)</li> </ul>

# Comprehensive Diabetes Care (CDC)- HbA1C Poor control (*Low rate is better*)



# Policy/Legal Structure

- NYSDOH is the payer for Medicaid enrollees.
- Public Consulting group (PCG) is contracted to perform medical record review on NYSDOH's behalf as a business associate.
- Subcontractor performs review on behalf of PCG.
- Subcontractor signs participation agreement with Qualified Entity.
- Access allowed for enrollees who meet criteria.

# DSRIP Medical Record Measures

Measure	Project	HEDIS?
Screening for Clinical Depression and Follow-Up	3.a.i – 3.a.iv	Non-HEDIS
Controlling High Blood Pressure	3.b.i – 3.b.ii, 3.h.i	HEDIS
Comprehensive Diabetes Care <ul style="list-style-type: none"> <li>• Screening for all 3 tests (HbA1c test, Eye exam and Medical attention for nephropathy)</li> <li>• Poor Control (&gt;9.0%) of HbA1c</li> </ul>	3.c.i – 3.c.ii, 3.h.i	HEDIS
Viral Load Suppression	3.e.i	Non-HEDIS
Prenatal and Post Partum Care <ul style="list-style-type: none"> <li>• Timeliness of Prenatal Care</li> <li>• Postpartum Visits</li> </ul>	3.f.i	HEDIS
Childhood Immunization Status	3.f.i	HEDIS
Lead Screening in Children	3.f.i	HEDIS

✓ All but Lead Screening are also VBP measures.

# Managed Care Plan and Qualified Entity Connectivity

- Focusing on increasing Payer-Qualified Entity Participation
- Barriers for Connectivity
  - Need clear description of business/use case to support quality measurement
  - Not the initial use case for the SHIN-NY
  - Ability to use HIE data in HEDIS process
  - Interoperability
  - Other challenges?
- Two initiatives focusing on Plan-QE connectivity
  - Quality Measurement pilots as part of SIM Advanced Primary Care Initiative
  - Focus of QE pushing clinical data to payers on behalf of providers

# VBP Clinical Advisory Groups

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- Care/Chronic Conditions, Behavioral Health, and Maternity CAGs have met this spring and will meet again in late summer, to finalize measures and to prepare for the 2019 VBP Measurement Year.
  - *Goal is to condense measure set for Physical Health measures.*
- For the HIV CAG, intent is to join forces with the pre-existing HIV Quality Advisory Committee (QAC) of the AIDS Institute to best align efforts
  - QAC meeting is June 14, 2018
- DOH will be taking over the Children's Health CAG, initially convened by United Hospital fund, and this CAG will meet this summer.

# Next Steps

- Next meeting date **General Task Force - July 20, 2018 1pm**
- **HIT-Enabled Workgroup meeting will be June 18, 2018 from 2-3 PM**
  - Current State Snapshot and results of VBP pilot survey
- *Please send questions and feedback to:*  
[vbp@health.ny.gov](mailto:vbp@health.ny.gov)