



**Department
of Health**

Office of
Health Insurance
Programs

VBP Update: Mainstream & MLTC

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Agenda

- I. Upcoming VBP Goals & Reporting
- II. Mainstream Update
 - Behavioral Health Integration
- III. MLTC Update
 - VBP Level 1 & 2 Design for Partially Capitated Plans
 - VBPTR Reminders
 - SDH & CBO Requirements and Examples for MLTC

General VBP Progress Timeline

NYS Payment Reform
Positive progress toward payment reform

2016

2017

2018

2019

2020

DSRIP Goals

April 2017

Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP

April 2018

> 10% of total MCO expenditure in Level 1 VBP or above

April 2019

Fully Capitated Plans
≥ 50% of total MCO expenditure in Level 1 VBP or above.
≥ 15% of total payments contracted in Level 2 or higher

Partially Capitated Plans
≥ 50% of total MCO expenditure in Level 1 VBP or above.
≥ 5% of total MCO expenditure in Level 2

April 2020

Fully Capitated Plans
80-90% of total MCO expenditure in Level 1 VBP or above
≥ 35% of total MCO expenditure in Level 2 or higher

Partially Capitated Plans
80-90% of total MCO expenditure in Level 1 VBP or above
≥ 15% of total MCO expenditure in Level 2 or higher

Upcoming VBP Goals & Reporting

- DY4 ends March 31st, 2019
- VBPTR Annual reporting must be completed by 5/2/19
 - 2018/2019 SFY Annual files will be available the 1st week of April
 - Instructions can be found on the Healthcare Financial Data Gateway on the Heath Commerce System (HCS) website
- Reminder of recent changes made to VBPTR:
 - Include the names of providers that have VBP contracts for each level.
 - Include the names of providers in Level 0 arrangements

Mainstream Update

Behavioral Health Integration

Behavioral health and primary care integration remain a priority in the NYS VBP Model.

Helpful strategies include:

- 1) Sub-attribution methodology based on PCP assignment & BH utilization patterns
- 2) Shared savings arrangements for the same population can be broken up between a hospital and primary care group or behavioral health group
- 3) VBP stepping stone – Level 0 graduating to Level 1
- 4) Engage PPS to identify:
 - Providers
 - Partnerships
 - Integrated care delivery models

MLTC VBP Update

MLTC VBP Design for Partially Capitated Plans - Level 1 & Level 2

Level I

- Non-risk arrangement - Financial incentive is a quality bonus only arrangement. (No Target budget or efficiency measure)
- Requires contract between MLTC plans and provider to include the following measures:
 - ✓ Potentially Avoidable Hospitalization measure (PAH)

Note: Plans and Providers can agree to include other quality measures for meeting performance targets, but at the very least *must include* the PAH measure

Level II

- Provider must hold a minimum percentage of potential risk of at least 1% of total annual expenditures in the contract between the plan and provider
- Requires contract between MLTC plans and provider to include the following measures:
 - ✓ Potentially Avoidable Hospitalization Measure (PAH); and
 - ✓ *at least one* long-term care measure from the MLTC Quality Incentive (MLTC QI) measures recommended by the MLTC CAG
- **Must implement at least 1 SDH intervention (*cannot be a service included in the MLTC Benefit Package*)**
- **Must contract with at least one Tier 1 CBO**

Note: VBP Level 2 & 3 contracts without SDH and CBO requirements will not meet the definition of VBP.

VBPTR Reminders for MLTC Plans

An MCO's (including MLTC Plans) VBP progress is measured by the following:

- Partially Capitated Plans: aggregate total expenditure captured in VBP for LHCSA, CHHA, SNF **only** (i.e. "Total Medical Expense for Line of Business" on Table 1E should reflect the total expenditures for all LHCSA, CHHA, and SNF providers **only**, regardless of VBP level or participation);
 - Spend in VBP should be reported in the respective LHCSA, CHHA, and SNF lines on table 2E.
- Fully Capitated Plans (includes MAP, FIDA, PACE):
 - aggregate total expenditure captured in VBP for the product lines held by a Plan;
 - spend in VBP should be reported on the "Total for MLTC Subpopulation" line on table 2's.

SDH & CBO Requirements for Partially Capitated & Fully Capitated Plans

All new and existing VBP Level 2 & 3 arrangements MUST include:

1. At least one Social Determinant of Health Intervention.
2. SDH Interventions must align with the five key areas of SDH outlined in the *SDH Intervention Menu Tool*, which includes:
 - 1) *Education*, 2) *Social, Family and Community Context*, 3) *Health and Healthcare* 4) *Neighborhood & Environment* and 5) *Economic Stability*
3. Must have a contract with at least one Tier 1 Community Based Organization (Non-Medicaid billing, non-profit social and human services organization).
 - The Tier 1 Community Based Organization can be subcontract with a Tier 2 or 3 Community Based organization. This requirement does not have to be paired with the SDH requirement.
4. VBP Level 2 & 3 contracts without SDH and CBO requirements will not meet the definition of VBP.

*See Appendix for SDH/CBO examples for MLTC plans

Appendix

SDH Examples for MLTC

SDH Domain	Intervention
Economic Stability	<p>Housing Insecurity:</p> <ol style="list-style-type: none"> 1. Capital investment to build affordable housing or provide service and operating funding in exchange for dedicated housing units for your Plan members. 2. Plan may also select to implement an SDH intervention that focuses on proving assistance to members at risk of becoming homeless. Intervention may involve: <ul style="list-style-type: none"> • Assistance with rental arrears • Back payment for utilities • Legal services to prevent eviction • Housing location and application assistance
Social and Community Context	<p>Informal Support and Social Cohesion:</p> <ol style="list-style-type: none"> 1. Volunteer service program that matches members and volunteers based on shared interests, talents, and spiritual needs. Volunteers provide face to face visits and/or telephone calls. In addition to companionship, volunteers provide assistance with grocery shopping, minor home repairs. <p>For more information, please check out ArchCare's TimeBank Program: https://www.archcare.org/community-resources/timebank</p>
Economic Stability	<p>Social Transportation:</p> <ol style="list-style-type: none"> 1. Providing transportation services to social events such as; going to a place of worship, visit with family, grocery store and medication pick up.

SDH Examples: Continued

SDH Domain	Intervention
Neighborhood and Environment	<p>Healthy Homes:</p> <ol style="list-style-type: none"> 1. SDH intervention focusing on comprehensive home environment assessment of members with Asthma and other Chronic Respiratory conditions to identify triggers that negatively impact health. Home remediation may include performing mold and lead abatement, or carpet removal.
Economic Stability	<p>Financial Security and Education:</p> <ol style="list-style-type: none"> 1. Tailored one-on-one or group education session for Plan members to educate on financial literacy to promote self sufficiency and independence. 2. Life skills training to promote a independent and healthy lifestyle (i.e. how to grocery shop and cook healthy affordable meals).
Health and Health Care	<p>Community Based Case Management:</p> <ol style="list-style-type: none"> 1. Comprehensive case management services connecting unengaged Plan members. 2. Telemedicine 3. Assistance with benefit coordination, public assistance, getting a drivers license and filling out applications. 4. Health classes and disease management for chronic conditions.