



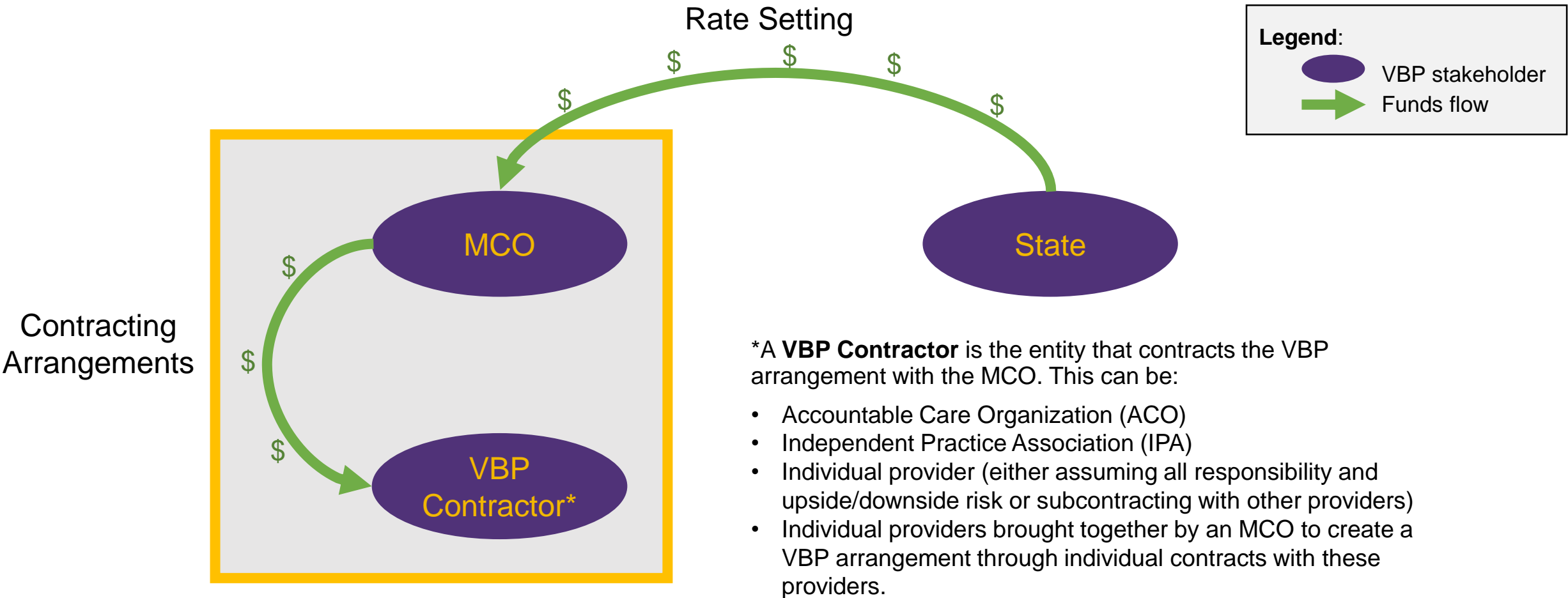
Summary of Meeting with Managed Care Organizations' Medical and Behavioral Health Directors and Quality Team Leads

Review of Quality Measures for Value Based Payment (VBP) Arrangements

Meeting Purpose & Goals

- Purpose: Review VBP measure sets and the process in which they were selected.
- Goals: Gather feedback from meeting participants on VBP measure sets for the different VBP arrangements.

Today’s discussion will focus on the Managed Care Organization (MCO) to VBP Contractor relationship.



VBP Arrangement Descriptions

MCOs are expected to contract with ‘VBP Contractors’ (IPAs, ACOs, larger individual providers) who take on responsibility for total cost and outcomes for four defined VBP populations, or for episodic arrangements within one of those populations:

Total Care for:

General Population

- All costs and outcomes for care of members excluding MLTC, HARP, HIV/AIDS, and I/DD subpopulations.
- Inclusive of all costs and outcomes of total care for *Integrated Primary Care* and *Maternity Care* arrangements.



Integrated Primary Care (IPC)

- All members, responsibility for costs and outcomes for preventive care, routine sick care, and a set of chronic conditions selected due to high volume and/or costs.
- A subset of the TCGP, carved out of the TCGP arrangement if both arrangements contracted

Maternity Care (Episodic)

- Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for mother.
- Carved out of the TCGP arrangement if both arrangements contracted.

MLTC, HARP, and HIV/AIDS subpopulations

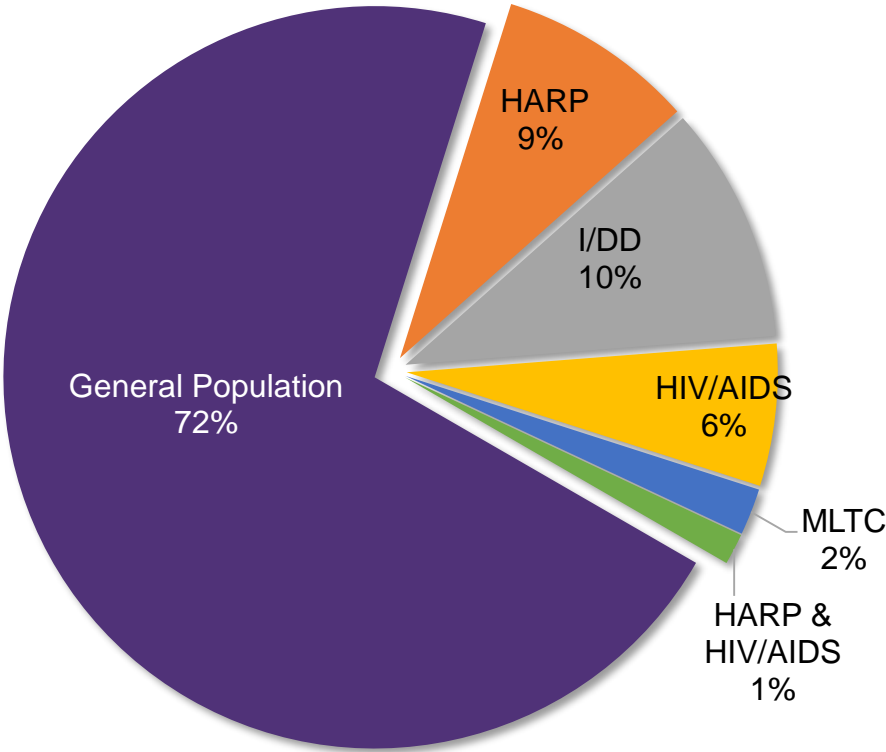
- Includes costs and outcomes of total care for all members within a subpopulation exclusive of TCGP.

*Total Care for the I/DD Subpopulation will be available as an arrangement when the population is moved to managed care.

Source: NYS Department of Health website: VBP Bootcamp – Sessions 1&3

NYS 2014 Medicaid Costs and VBP Arrangement Breakdown

Total Population including Subpopulations

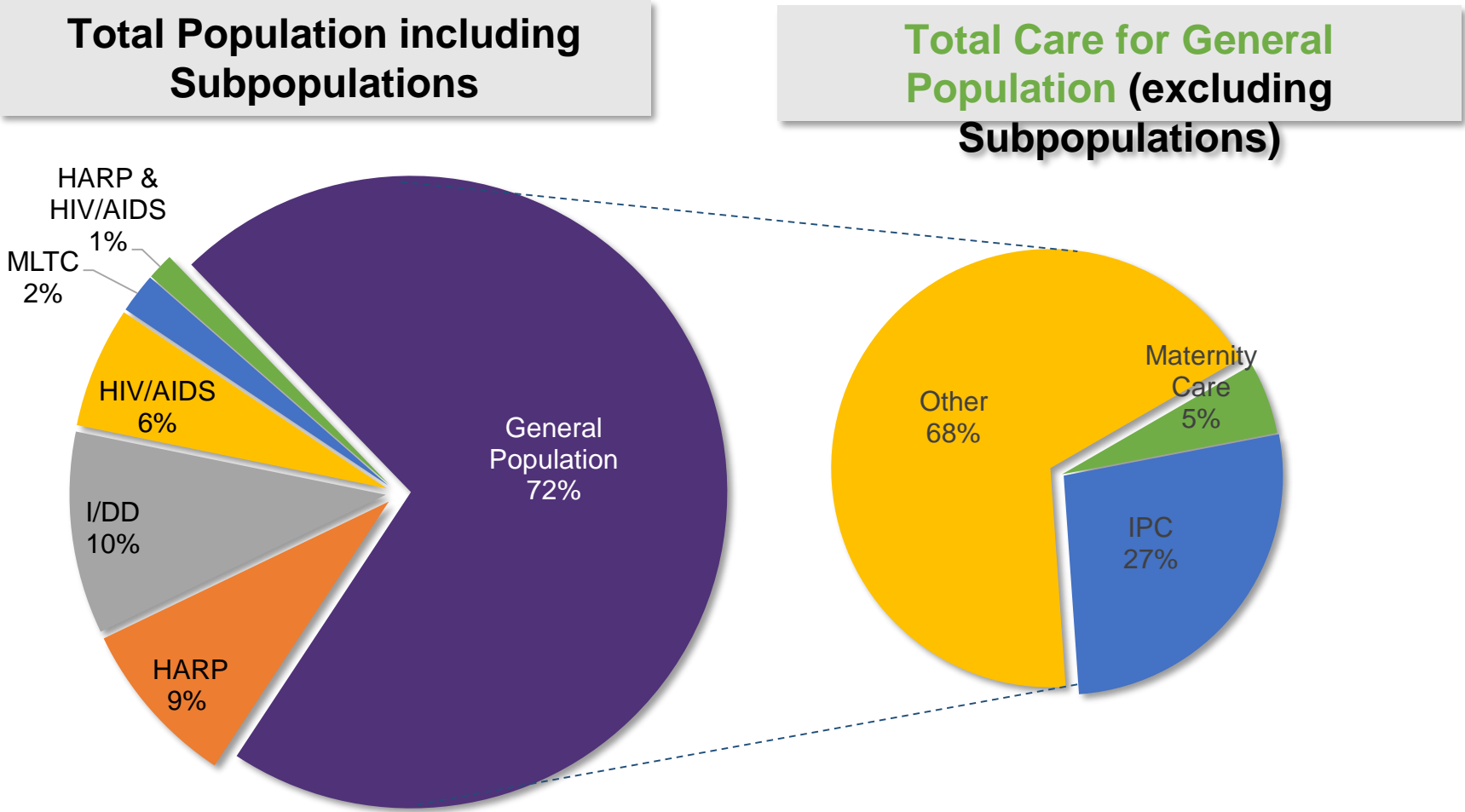


**VBP Arrangements:
Total Care for Subpopulations**



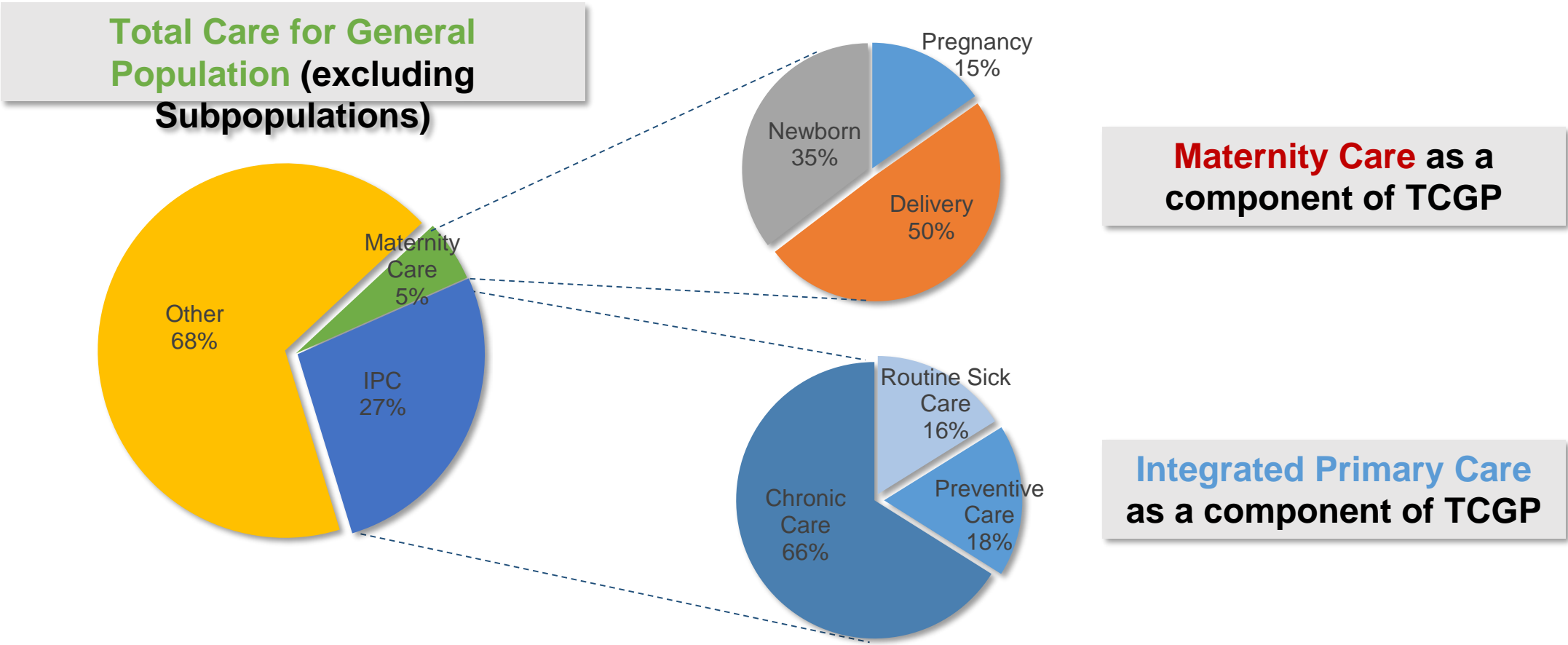
*Disclaimer: The data presented in this deck should not be considered final as the analysis environment continues to mature and validation of data input and analytical output continues.
Source: NYS Medicaid Data Warehouse, 2014 Medicaid Claims unless otherwise indicated. Members included are Medicaid-only (duals excluded). Members attributed to NPIs that are also on other potential VBP contractor's lists will not be in the dataset.*

NYS 2014 Medicaid Costs and VBP Arrangement Breakdown



Disclaimer: The data presented in this deck should not be considered final as the analysis environment continues to mature and validation of data input and analytical output continues.
Source: NYS Medicaid Data Warehouse, 2014 Medicaid Claims unless otherwise indicated. Members included are Medicaid-only (duals excluded). Members attributed to NPIs that are also on other potential VBP contractor's lists will not be in the dataset.

NYS 2014 Medicaid Costs and VBP Arrangement Breakdown



Disclaimer: The data presented in this deck should not be considered final as the analysis environment continues to mature and validation of data input and analytical output continues.
Source: NYS Medicaid Data Warehouse, 2014 Medicaid Claims unless otherwise indicated. Members included are Medicaid-only (duals excluded). Members attributed to NPIs that are also on other potential VBP contractor's lists will not be in the dataset.

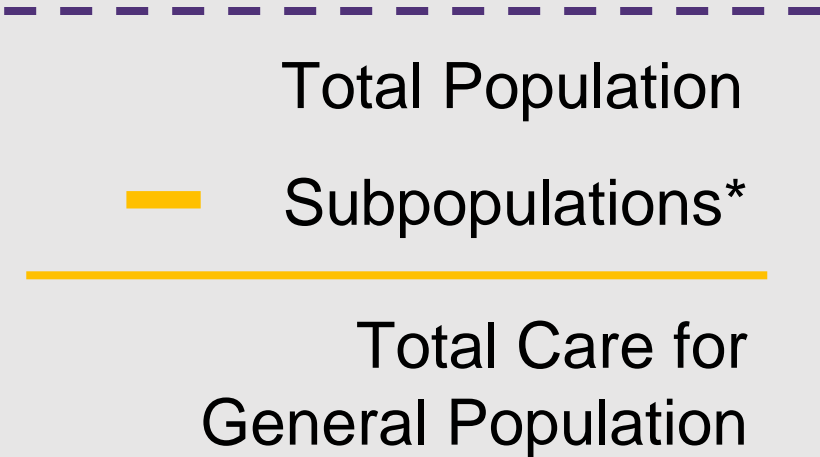
Data for Maternity Care is based on Calendar Year 2014 Members in Managed Care for 3 months or more.

Total Care for General Population (TCGP)

Goal: Improve population health through enhancing the quality of the total spectrum of care.

- The TCGP VBP Contractors assume responsibility for the total spectrum of mainstream Managed Care (excluding duals and members in or eligible for HARP, HIV/AIDS, MLTC or I/DD).
- All services covered by mainstream MCOs are included in the TCGP arrangement.
- The **IPC** measure set contains quality measures for the TCGP arrangement.

In this arrangement the VBP, Contractor assumes responsibility for the care of the entire attributed population. Members attributed to this arrangement cannot be covered by a different arrangement.



**Note: VBP Contractors and MCOs are free to add one or more subpopulations to their TCGP contracts.*

Integrated Primary Care (IPC)

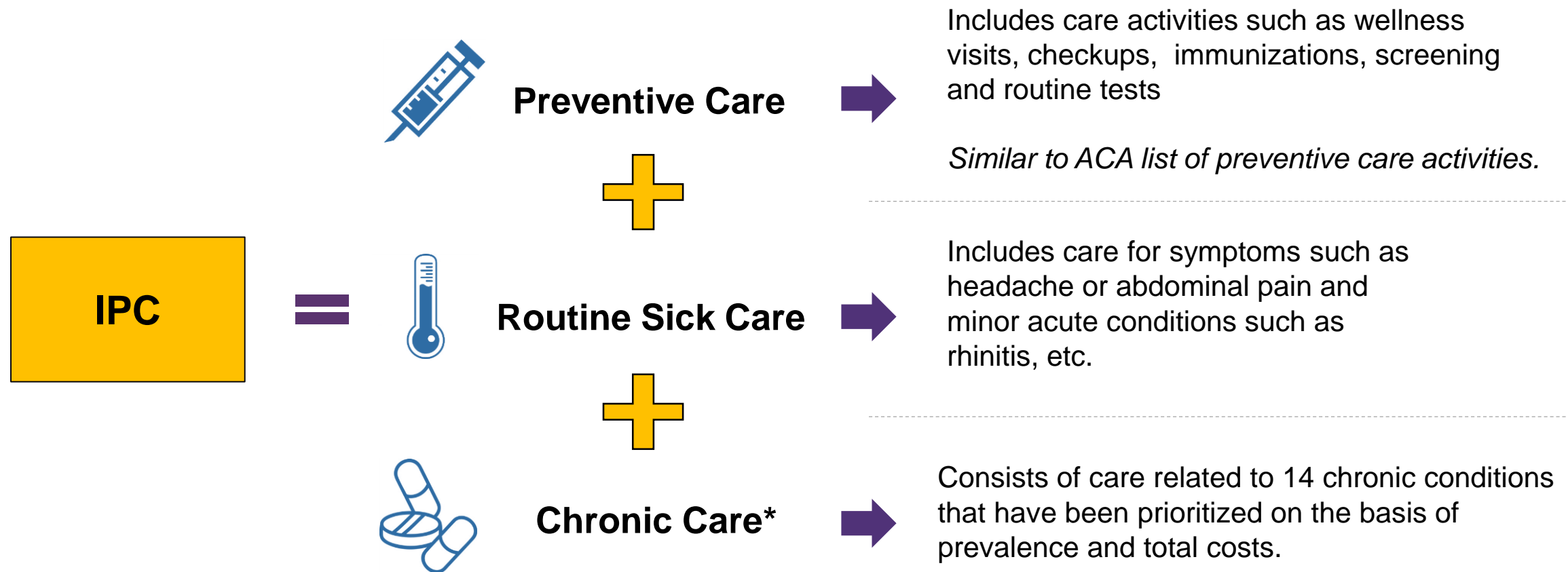
Goal: Integration of physical and behavioral health. Improve the quality of preventive care, routine sick care and the most prevalent chronic and high cost conditions.

- Compared to a TCGP arrangement, the IPC arrangement limits the risk to those components of the total costs of care within the scope of influence of the primary care professionals.
- All Medicaid covered services included in preventive and routine sick care are included, as well as all services included in the Chronic care episodes (following HCI3/Prometheus).
- Many IPC contractors will opt to also contract a Level 1 TCGP contract for their attributed population. In this way, they can share in the potential savings realized outside the scope of the IPC bundle without sharing in the risk.
- The Chronic care episodes included in the IPC arrangement account for the most prevalent and high cost conditions affecting New York State Medicaid members.

Episodes included in Chronic care:

- 1) Hypertension
- 2) Coronary Artery Disease (CAD)
- 3) Arrhythmia, Heart Block and Conductive Disorders
- 4) Congestive Heart Failure (CHF)
- 5) Asthma
- 6) Chronic Obstructive Pulmonary Disease (COPD)
- 7) Bipolar Disorder
- 8) Depression & Anxiety
- 9) Trauma & Stressor
- 10) Substance Use Disorder (SUD)
- 11) Diabetes
- 12) Gastro-esophageal reflux disease
- 13) Osteoarthritis
- 14) Lower Back Pain

Integrated Primary Care (IPC)

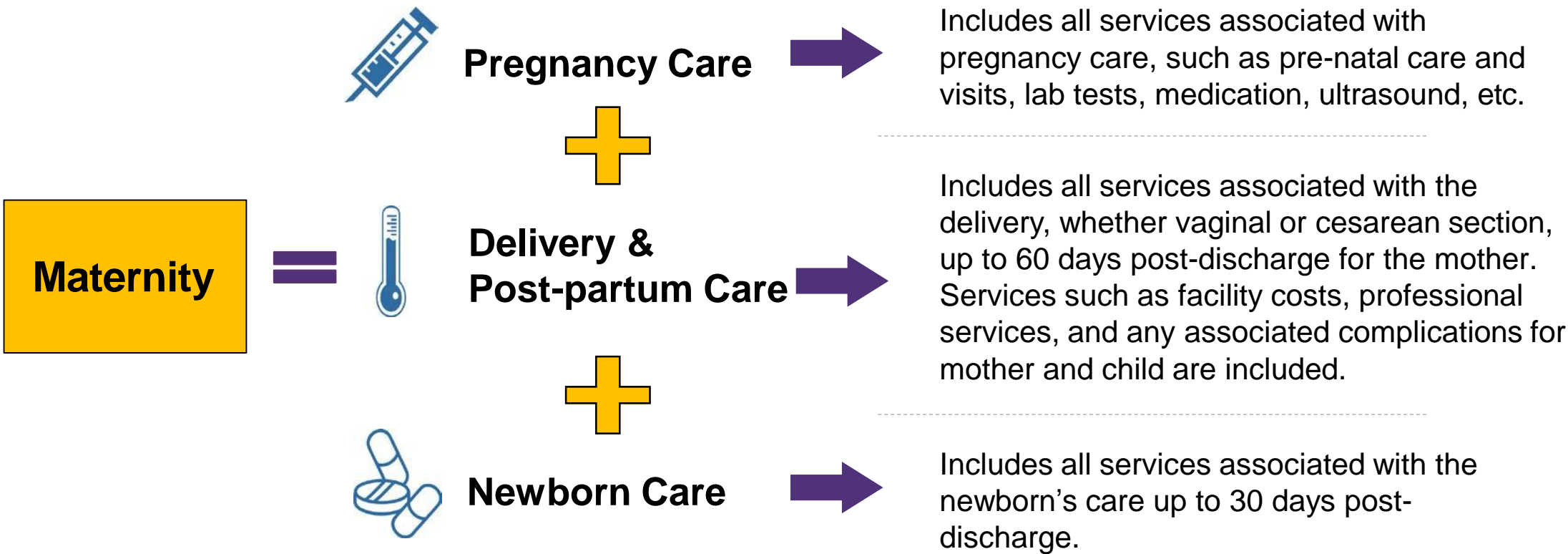


Note: Patients that are attributed to subpopulations are excluded.

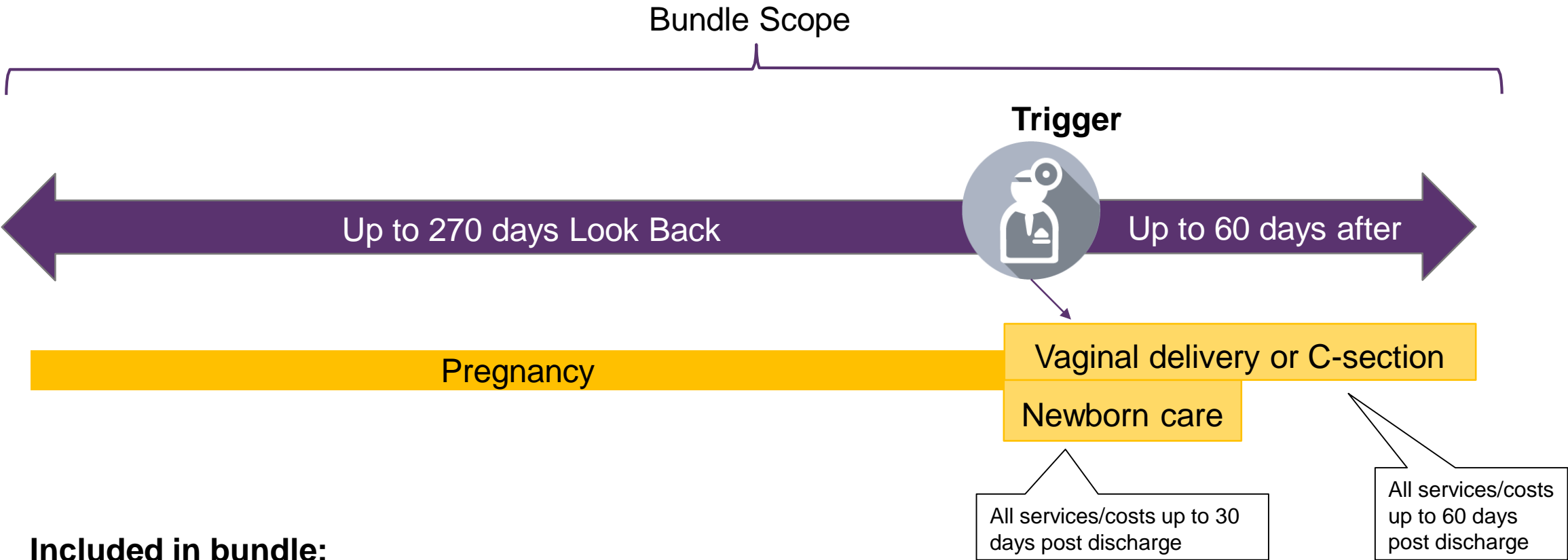
*Given the prevalence of chronic co-morbidity, VBP Contractors by default include the 14 chronic conditions as a whole within IPC rather than selecting one or more of the individual chronic conditions.

Source: NYS Department of Health website: VBP Bootcamp – Session 1

Maternity Care



Maternity Bundle Example



Included in bundle:

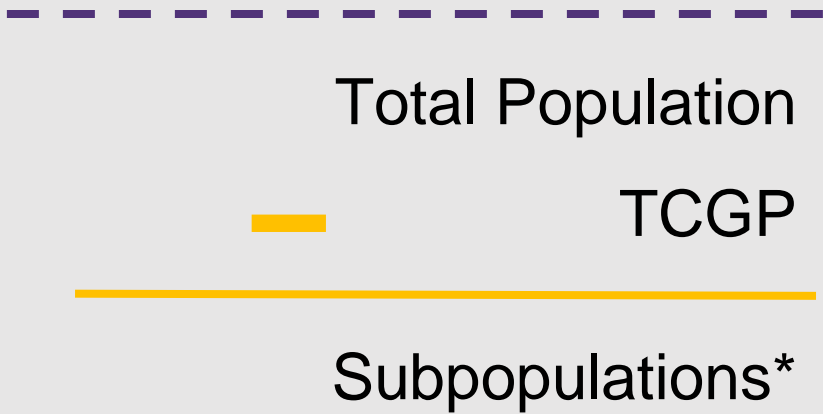
- Both low risk and high risk pregnancies with severity markers
- **For the mother:** all related services for delivery including post discharge period (60 days post discharge) and entire prenatal care period (270 days prior to delivery)
- **For the infant:** initial delivery stay and all services/costs up to 30 days post discharge.

Total Care for Special Needs Subpopulations

Goal: Improve population health through enhancing the quality care for specific subpopulations that often require highly specific and costly care needs.

- Subpopulations include:
 - **HIV/AIDS**
 - **Health and Recovery Plans (HARP)**
 - Managed Long Term Care (MLTC)*
 - Intellectual and Developmental Disabilities (I/DD)*
- All services covered by the associated managed care plans are included, and all members fulfilling the criteria for eligibility to such plans are included.
- The Category 1 measure sets for HARP and HIV/AIDS Subpopulations listed in the tables below will be expanded to include IPC measures relevant to each subpopulation.

In this arrangement the VBP Contractor assumes responsibility for the care of the specific population, where co-morbidity or disability may require specific and costly care needs, so that the majority (or all) of the care is determined by the specific characteristic of these members.



* Arrangements are still being developed as of 3/3/17.

March 3 Meeting Summary

- Appreciation expressed for work of Clinical Advisory Groups and VBP Steering Committee.
- No significant changes to Measures previously approved or yet to be approved by the VBS Steering Committee
- Meeting participants asked for recognition of extra resources required for any new, State-specific measures.
- Measure sets for Maternity, HIV/AIDS, HARP and Draft Total Care for the General Population (TCGP) /Integrated Primary Care (IPC) from 2/24/17 Pilot webinar posted to VBP website
 - https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/2017-02-24_vbp_pilot_webinar.pdf
 - Final measure set for TCGP/IPC (and as add-ons to HIV/AIDS and HARP sets) presented and approved by VBP Steering Committee March 7, 2017 and will be posted to the VBP website.

Resources

- 1. [NYS VBP Roadmap](#) (Year 2 – June 2016 Update)
- 2. [VBP Resource Library](#)
 - VBP Bootcamp Presentations
- 3. [VBP Website](#)
- 4. [CAG Meeting Materials](#)
- 5. [CAG Recommendation Reports](#)

Thank you!

Questions?

*Please send additional questions and feedback
to:*

vbp@health.ny.gov