NEW YORK STATE | Department of Health | Medicaid Redesign Team

VBP Workgroup Meeting

October 2, 2017

Agenda

I. Children's Advisory Group on VBP

II. Proposed VBP Measure Set Revisions for 2018

III. MLTC Implementation & Quality Measures Update

IV. MCO Survey Results

V. VBP Bootcamps

VI. VBP Roadmap Changes Update

I. Children's Advisory Group on VBP

Recommendations and Quality Measures

Children's Advisory Group on VBP - Background

The VBP Roadmap submitted to CMS in June 2016 and subsequently approved in April 2017 specifically noted the potential for a Children's VBP workgroup as discussed by the Advocacy and Engagement, and Social Determinants of Health and Community Based Organizations Subcommittees

Areas for follow up may include:

a taskforce focused on children and adolescents in the context of VBP

In August 2016 the VBP Workgroup approved formation of the Children's Health Subcommittee and Clinical Advisory Group with the following charge:

- Review the composition of the child and adolescent population and assess the relative fit for VBP arrangements;
- Identify quality measures for potential children's VBP arrangements;
- Identify child-specific measures and assess them for inclusion within existing arrangements; and
- Recommend any necessary policy changes to ensure that the needs of children and adolescents are addressed in a VBP environment.

Children's Advisory Group Process and Outcomes

- Conducted five in-person meetings and held two webinars between October 20, 2016 and July 10, 2017
- Issued a final report for public comment on September 18, 2017. The report included three core 'products'
    1. Conceptual framework intended to guide the State's future deliberations about value-based payment for children;
    2. Draft recommendations pertaining to a child-specific VBP model, measures, and future work focused on children with complex needs; and
    3. Measure set which could be applied to VBP arrangements for children in 2018 and proposed expansion of some maternity measures for other VBP arrangements beginning in 2019.

Deliberations

Understanding the Population

- Focus on children in Medicaid managed care – 2,031,398 in January 2017 (ages 0-20)
- Children are generally a low-cost population with 90% of all children in Medicaid averaging only $2,400 in annual expenditures in 2014
  - The top 10% of the population by expenditures – accounting for 50% of all Medicaid spending on children in 2014 - is heterogeneous with a broad array of behavioral health needs, developmental disabilities, and complex chronic conditions driving utilization and expenditures
- Utilization varies by age and race, though 85% of children in 2014 did have at least one primary care visit
  - Inpatient and emergency utilization is higher from ages 0-4 then picks back up at age 14 mostly due to behavioral health conditions
  - Black and Hispanic children have much higher inpatient and emergency department utilization rates than white and Asian or Pacific Islander children

Guiding Principles

1. Children are not “little adults.” Typical value-enhancing strategies and disease-oriented quality measures may miss key aspects of child well-being, and might not be appropriate for all developmental stages.
2. An efficient and effective way to achieve the Triple Aim is to identify opportunities in childhood for health improvement, thereby reducing demand for health care services in the future.
3. Evidence-based childhood interventions can be linked to improvement in overall lifetime health and well-being.
4. Maximizing the healthy growth and development of children today will reduce future health care needs and bring long-term value to Medicaid and other public systems, including but not limited to education, child welfare, and juvenile justice. For these reasons a longer horizon for assessing cost savings must be considered.
5. VBP participation and quality measurement across child-serving sectors will yield better improvements in child health, development, and well-being.

Guiding Principles (Con't)

6. Due to rapid brain growth during early childhood and adolescence, social determinants of health are especially important for children. Reducing exposure to—and mitigating effects of—Adverse Childhood Experiences is also critical.
7. Strengthening systems of care, including family systems, is fundamental to improving outcomes for children.
8. The health and mental health of parents/caregivers significantly influences the health and mental health of children. In particular, quality maternity care and behavioral health care for caregivers is critical for setting children on an equal footing toward lifelong health.
9. Access to high-quality primary care is essential.
10. Access to specialty care, especially for maternal and child behavioral health, should be integrated into primary care settings to ensure appropriate access. Access to community-based services that support health should also be improved.
11. Current investment in children's health may not be sufficient to fully meet the unique needs of children.

Value Statement…

"Focusing on the healthy growth and development of children will improve their quality of life. Children require a value-based payment approach that acknowledges the specific needs attendant to each developmental stage and the unique opportunity to improve health and life trajectories, as well as the near-term improvements that are possible from direct health interventions. Support and recognition of families and caregivers are central to improving children's lives."

…Led to "North Star Framework"…

United Hospital Fund

Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age

	Preterm to 1 Month	1 Month to 1 Year	1 Year to 5 Years
Overarching "North Star" Goals			
	Optimal birth outcomes for mother and child	**Optimal physical health and a secure attachment with a primary caregiver**	**Optimal physical health and developmentally on track at school entry**
Key Indicators			
	• Birthweight <2500 grams • Preterm births • Severe maternal morbidity	• On-target developmental and social-emotional screens • Reported cases of abuse and neglect	• On-target developmental and social-emotional screens • ED visits for unintentional injury • Expulsions/suspensions • Kindergarten readiness using standardized tool (aspirational) • Reported cases of abuse and neglect
High-Value, Often Underutilized Primary Care Strategies			
	Early and regular prenatal care visits including: • Birth spacing/contraceptive use counseling • Breastfeeding encouragement • Care transition plan for use by obstetrician, newborn nursery and primary care doctor • Screening/treatment for preterm birth risks and tobacco/substance use **Co-located/integrated behavioral health services** **Screening/referrals for:** • Adverse Childhood Experiences (ACEs) • Social determinants of health • Domestic violence/personal safety • Maternal depression **Enhancing parental skills through evidence-based education/home visitation programs** **Seamless information exchange between women's health and child health providers**	**Regular well-child visits including:** • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral **Co-located/integrated behavioral health services** **Screening/referrals for:** • ACEs • Social determinants of health • Domestic violence/personal safety • Maternal depression **Enhancing parental skills through evidence-based education/home visitation programs** **Seamless information exchange between women's health and child health providers (when mother is primary caregiver of child)**	**Regular well-child visits including:** • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral • Dental screening/treatment • Eye and hearing examination/referral • Vaccinations **Co-located/integrated behavioral health services** **Screening/referrals for:** • ACEs • Social determinants of health **Enhancing parental skills through evidence-based educational programs** **Management/treatment of chronic conditions**

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Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age

	6 Years to 10 Years	11 Years to 14 Years	15 Years to 21 Years
Overarching "North Star" Goals			
	Staying healthy and strengthening social, emotional and intellectual skills	**Staying healthy and coping effectively with challenges of early adolescence**	**Staying healthy and able to succeed in the world of work, school, and other adult responsibilities**
Key Indicators			
	• Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Grade progression • Standard 3rd-grade reading scores	• Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use	• Algebra 1 Regent passing • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use • Cohort graduation • Post-secondary enrollment • Pregnancy, ages 15-17
High-Value, Often Underutilized Primary Care Strategies			
	Regular well-child visits including: • Weight/nutrition/physical activity counseling • Dental screening/treatment **Co-located/integrated behavioral health services** **Screening/referrals for:** • ACEs • Social determinants of health • Behavioral health risks **Enhancing parental skills through evidence-based educational programs** **Management/treatment of chronic conditions**	**Regular adolescent visits including:** • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations **Co-located/integrated behavioral health services** **Screening/counseling/referrals for:** • ACEs • Social determinants of health • Behavioral health risks **Enhancing parental skills through evidence-based educational programs** **Management/treatment of chronic conditions**	**Regular adolescent visits including:** • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations **Co-located/integrated behavioral health services** **Screening/counseling/referrals for:** • ACEs • Social determinants of health • Behavioral health risks **Management/treatment of chronic conditions**

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Recommendations

Recommendation Types

A ***Standard*** is required when it is crucial to the success of the VBP Roadmap that all MCOs and providers follow the same method.

A ***Guideline*** is sufficient when it is useful for providers and MCOs to have a starting point for the discussion, but MCOs and providers may deviate as local flexibility may contribute to the overall success of the VBP Roadmap.

A ***Suggestion*** is a recommendation directed at the State that is not directly related to MCO and provider standards and guidelines.

Recommendations – Unanimous Advisory Group Consensus On…

1. VBP Principles and Payment Models – Creating an additional, voluntary Level 3 Pediatric Primary Care Capitation (PPCC) VBP arrangement focused on generating health improvements for the 90 percent of children that are considered “low-cost” in Medicaid.
2. Quality Measures – Creating a Universal Child Measure Set applicable to TCGP, IPC, and PPCC arrangements, drawing heavily on existing TCGP and IPC measures. Encouraging the Maternity CAG to consider an additional measure and recommend the inclusion of four existing maternity measures in the TCGP arrangement due to their applicability to child health.
3. Additional Work / Deliberations – Supporting further work by DOH and appropriate advisory bodies on: VBP appropriateness and opportunities for vulnerable subpopulations of children and adolescents; continued development and refinement of the North Star Framework and child-specific measures; and developing pilots towards the broader goals of pediatric system transformation and cross-system accountability

Payment Principles and Models (see full report for details)

P1) ***Suggestion*** **- Guiding Framework for Payment Model** – Any payment model for children should be guided by the "North Star Framework"

P2) ***Suggestion*** **– Pediatric Primary Care Capitation (PPCC)** – A voluntary, on-menu, PPCC option should be available to MCOs and providers. This prospective payment model would be deemed a Level 3 VBP arrangement

P2.1) ***Guideline*** **– Defining the PPCC Population** – MCOs and providers can determine which children in the bottom 90th percentile of the plan's cost/cost utilization are included in PPCC agreements (subject to state review)

P2.2) ***Guideline*** **– Defining PPCC Costs and Services** – The capitation rate in PPCC should generally cover a comprehensive set of primary care services and include enhancements for all necessary screenings, risk-adjusted care coordination, and new workflows and capacity to address developmental and behavioral health needs and social determinants (e.g., co-located or operationally integrated behavioral health)

Payment Principles and Models (see full report for details)

P2.3) *Standard /Guideline* – PPCC Disbursement and Withholds

Standard – A withhold from the prospective PPCC payment shall be disbursed based on improvement and high performance on P4P measures and complete and accurate reporting on P4R measures

Guideline – MCOs and providers can determine the withhold amount and weighting, but weighting should account for the unique needs of the population being served and current provider performance on measures

P2.4) *Suggestion* – PPCC Pilot Testing – As with existing VBP models, the state should offer PPCC pilot test opportunities to willing MCOs and providers.

P2.5) *Guideline* – Pediatric Methodology in TCGP & IPC – MCOs and providers should consider children's utilization and costs (including PPCC defined enhancements) in developing baseline costs in TCGP and IPC shared savings and shared risk arrangements. The state should review this methodology as part of its standard VBP contract review.

Quality Measure Recommendations (see full report for details)

M1) ***Suggestion*** **– Guiding Framework for Measurement –** All child measures for VBP should be guided by the "North Star Framework"

M2) ***Suggestion (Strongly Recommended)*** **– Integration with Existing Measures** – Regardless of VBP model, all providers should use the same children's measures; therefore measures developed for the PPCC model should be integrated with existing TCGP and IPC measure sets to create a universal child set for TCGP/IPC/PPCC

M3) ***Suggestion (Strongly Recommended)*** **– Integration with Maternity Care Episode-Based Arrangement** – Four child-health related measures in the current Maternity Care set and one newly recommended maternity measure should be added to the TCGP measure set as soon as feasible pending review and approval of the Maternity CAG.

(Note: Births will take place outside Maternity care episode-based arrangements, but will be excluded from IPC arrangements, thus the recommendation to add these measures only to TCGP arrangements)

Quality Measure Recommendations (see full report for details)

M4) ***Standard*** **– Tracking Progress –** VBP arrangements, regardless of model, should require providers and MCOs to report and track performance on pediatric VBP measures at the most detailed disaggregation of race/ethnicity possible.

M5) ***Suggestion*** **– Developmental Screening** – The developmental screening measure (see #17 in Measure Set) is vital for early identification of issues and connection to appropriate services. The state should expedite efforts (leveraging existing pilots and policies from other state) to resolve issues regarding collection of this measure and develop appropriate policies and procedures so that developmental screening can become a Category 1 measure by measurement year 2019.

Note for VBP Workgroup Consideration

"In general, the payment and measure recommendations presented above were developed as a complementary set of recommendations designed to ensure that, regardless of which VBP model children are served by, they receive the same advantages generated by these incentives and metrics. For example, recommendations P1 and M1 are mirror recommendations recognizing the importance of the "North Star" goals in both payment and measurement. Adopting either the payment or measure recommendations without the other could greatly undermine the ability of New York Medicaid to fully achieve its child health and development goals."

Additional Work / Deliberation Recommendations

A1) ***Suggestion*** **– Focus on Children with Complex Health Needs –** An advisory group should make additional recommendations on payment models for children with complex health needs, specifically considering:

- Definition of small and unique population subsets and the feasibility of VBP models for each subset or combinations thereof.
- The viability of a payment model for families (not just children) with behaviorally complex needs.
- Measures appropriate for children with complex health needs (both existing and potentially new measures)
- The viability of 'centers of excellence' to meet VBP goals for small subsets of children with complex health needs (e.g., medically fragile), without introducing VBP risk

Additional Work / Deliberation Recommendations

A2) ***Suggestion*** **– Iterative Review Process –** The State should consider creating a centralized and streamlined process for: 1) annual VBP measure review; 2) new measure development and adoption; and, 3) development of P4R and Category 2 measures into P4P measures. This process should also consider refinements to the "North Star Framework" and developing pathways for cross-sector measurement.

A3) ***Suggestion*** **- Additional Pilot Testing –** The state should build on existing efforts to develop pilots to: 1) test, evaluate and spread optimized pediatric primary care delivery models (e.g., two-generation care); 2) evaluate 'off menu' VBP approaches (e.g., VBP model for complex families, cross-sector blended funding streams and shared savings).

Children's Health Quality Measure Sets

Starting Points for Selection of Quality Measures

- Alignment with DSRIP (avoidable hospital use)
- Reduce ‘drowning’ in measures phenomenon: outcome measures have priority
- Measuring the quality of the total cycle of care of the VBP arrangement
- Relevance for patients and providers
- Alignment with Medicare: linking to point of care registration (EHR)
- Alignment with State Heath Innovation Plan’s Advanced Primary Care measure set
- Transparency of process, of measures, of outcomes

Categorizing and Prioritizing Quality Measures

CATEGORY 1
Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.

CATEGORY 2
Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2016/2017 pilot program.

CATEGORY 3
Measures that are insufficiently relevant, valid, reliable and/or feasible.

Children's VBP Advisory Group Measure Considerations

1. The measure is relevant to one of the strategies identified to achieve a particular "North Star" goal.
2. The measure is evidence-based (i.e., has been tested for validity and reliability, and, preferably, is endorsed for use by the National Quality Forum).
3. The measure should be feasible for providers to use and report with minimal additional burden (i.e., does not require expensive medical records review or sophisticated health information technology capacity).
4. The final recommended measure set should be parsimonious, with outcome measures having priority.

Universal Child Measure Set

Consistent with Recommendation M2, the final child measure set would be applicable to any TCGP, IPC or PPCC arrangement, because children will receive care under all VBP models

Category	Type	Already included in TCGP/IPC set	Newly Recommended	Total Measures
1	Pay for Performance	4	4	
1	Pay for Reporting	1	4	
1	*Category 1 subtotal*			*13*
2	Category 2 (all types)	1	6	
2	*Category 2 subtotal*			*7*
	TOTAL			**20**

Universal Child Measure Set – Category 1

#	Measure Name	Measure Steward	NQF Identifier	Classification	Existing TCGP/IPC
1	**Adolescent well-care visit rate** *Percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year.*	NCQA		Cat 1 P4R	No
2	**Assessment and counseling of adolescents on sexual activity, tobacco use, alcohol and drug use, depression (four-part measure)** *Percentage of adolescents ages 12–17 who had at least one outpatient visit with a primary care provider or OB/GYN practitioner during the measurement year and received assessment, counseling or education on sexual activity, depression, tobacco use, and alcohol or other drug use.*	NYS		Cat 1 P4R	No
3	**BMI assessment and counseling** *Percentage of patients 3–17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.* • *Percentage of patients with height, weight, and body mass index (BMI) percentile documentation* • *Percentage of patients with counseling for nutrition* • *Percentage of patients with counseling for physical activity*	NCQA	0024	Cat 1 P4P	Yes
4	**Child immunization status, age 2 (combo 3) (NQF 0038)*** *Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.*	NCQA	0038	Cat 1 P4P	Yes

Universal Child Measure Set – Category 1 (Con't)

#	Measure Name	Measure Steward	NQF Identifier	Classification	Existing TCGP/IPC
5	**Children ages 2-20 having annual dental visit** *Percentage of children ages 2-20 who have at least one dental visit during the year.*	NYS		Cat 1 P4R	No
6	**Chlamydia screening, ages 16–21** *The percentage of women 16–20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.*	NCQA	0033	Cat 1 P4P	Yes
7	**PDI #14 asthma admission rate, ages 2 through 17 years** *Rate of inpatient admissions of children with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years.*	AHRQ		Cat 1 P4P	No
8	**Follow-up care for children prescribed Rx for ADHD** ***Two part measure: initiation phase and continuation phase:*** *Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period after the first ADHD medication was dispensed. The measure includes two separate rates: an initiation phase rate (follow-up visit within the 30 days after starting the medication) and a continuation and maintenance phase rate (children who remained on the medication for 7 months and who, in addition to the visit in the initiation phase had at least two follow-up visits in the 9 month period after the initiation phase ended).*	NCQA	0108	Cat 1 P4R	No

Universal Child Measure Set – Category 1 (Con't)

#	Measure Name	Measure Steward	NQF Identifier	Classification	Existing TCGP/IPC
9	**Frequency of well-child visits, ages 3 to 6** *Percentage of children 3–6 years of age who had one or more well-child visits with a primary care provider during the measurement year.*	NCQA	1516	Cat 1 P4P	No
10	**Frequency of well-child visits during the first 15 months of life** *Percentage of children 15 months old who had the recommended number of well-child visits with a primary care provider during their first 15 months of life.*	NCQA	1392	Cat 1 P4P	No
11	**Medication management for children with asthma, ages 5–18** *2 part measure: The percentage of patients 5-18 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.* *1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period.* *2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.*	NCQA	1799	Cat 1 P4P	Yes
12	**Screen for depression using age appropriate tool and follow-up, ages 12+** *Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.*	CMS	0418	Cat 1 P4R	Yes
13	**Adolescent immunization rate, including rate for HPV (NQF 1407)** *Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap, and 3 doses of HPV by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.*	NCQA	1407	Cat 1 P4P	No

Universal Child Measure Set – Category 2

#	Measure Name	Measure Steward	NQF Identifier	Classification	Existing TCGP/IPC
14	**Screening for Reduced Visual Acuity and Referral in Children** *The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately.*	CMS	2721 (trial use)	Cat 2	No
15	**Maternal depression screen done during child's first 6 months of life** *Percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during the child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.*	NCQA		Cat 2	No
16	**Children at elevated risk of caries who received fluoride varnish applications** *Percentage of enrolled children aged 1–21 years who are at "elevated" risk (i.e. "moderate" or "high") who received at least 2 topical fluoride applications as a dental OR oral health service within the reporting year.*	American Dental Association (ADA)	2528	Cat 2	Yes
17	**Developmental screening using standardized tool, first 36 months of life** *Percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. The measure includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and 36 months of age.*	Oregon Health & Science University	1448	Cat 2	No

Universal Child Measure Set – Category 2 (Con't)

#	Measure Name	Measure Steward	NQF Identifier	Classification	Existing TCGP/IPC
18	**Follow-up after ED visit for mental illness, ages 6 and older** *Percentage of ED visits with a primary diagnosis of mental illness for which the patient received follow-up care with any practitioner within specified time frames. Reported in two separate rates: within 7 days of the ED visit and within 30 days of the visit.*	NCQA		Cat 2	No
19	**Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older** *Percentage of ED visits with a primary diagnosis of alcohol or other drug dependence for which the patient received follow-up care with any practitioner within specific time frames. Reported in two separate rates: within 7 days of the ED visit and within 30 days of the visit.*	NCQA		Cat 2	No
20	**Use of first-line psychosocial care for children and adolescents on antipsychotics** *Percentage of patients, ages 1–17, who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.*	NCQA	2801	Cat 2	No

Public Comment on Universal Child Measure Set

Two commenters noted concern that lead screening – percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday – was not included in the measure set.

The Advisory Group considered lead screening in its initial review of potential measures. It was not included in the final set because lead screening is already statutorily required by the state and is not a CMS Child Core Set measure.

Option: The VBP Workgroup could add the lead screening measure to the Universal Child Measure set as Category 1 P4R for 2018.

Maternity Measures

Consistent with Recommendation M3, the Advisory Group suggests the Maternity CAG consider 5 measures especially relevant for child health quality for inclusion in the TCGP measure set (including one measure not currently in the Maternity Care arrangement measure set).

Category	Type	Already included in Maternity set	Newly Recommended	Total Measures
1	Pay for Performance	1	0	
1	Pay for Reporting	3	0	
1	*Category 1 subtotal*			*4*
2	Category 2 (all types)	0	1	
2	*Category 2 subtotal*			*1*
	TOTAL			**5**

Maternity Measures for Child Health

#	Measure Name	Measure Steward	NQF Identifier	Classification	Existing Maternity
1	**Infants exclusively fed with breast milk in hospital** *The number of newborns exclusively fed with breast milk during the newborn´s entire hospitalization.*	Joint Commission	0480	Cat 1 P4R	Yes
2	**Live births less than 2500 grams** *The adjusted rate for live infants weighing less than 2500 grams among all deliveries by women continuously enrolled in a plan for 10 or more months.*	AHRQ	1382	Cat 1 P4R	Yes
3	**Timeliness and frequency of prenatal and postpartum care visits*** *Prenatal Care: The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.*	NCQA		Cat 1 P4P	Yes
4	**Women provided most or moderately effective methods of contraceptive care within 3 to 60 days of delivery** *Among women aged 15-21 who had a live birth, the percentage that is provided a most effective (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS)) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery.*	OPA	2902	Cat 1 P4R	Yes
5	**Behavioral risk assessment for pregnant women** *Percentage of women who gave birth during a 12-month period who were seen at least once for prenatal care and who were screened for depression, alcohol use, tobacco use, drug use, and intimate partner violence.*	No Current Steward		Cat 2	No

II. Proposed VBP Measure Set Revisions for 2018

1. Provide background on stakeholder engagement relating to the 2018 Quality Measure Set.
2. Review Proposed Measure Sets for:
   - Total Care for the General Population (TCGP)
   - Integrated Primary Care (IPC)
   - Maternity Care, HIV/ AIDS
   - Health and Recovery Plans (HARP) VBP Arrangements

2018 Quality Measure Set Revisions - Background

Quality Measurement Development and Maintenance

2017-2018 Measure Review Process

Purpose: Review feedback from VBP Pilot Contractors and Managed Care Organizations (MCOs) as it relates to feasibility of data collection and reporting at a VBP Contractor unit of analysis.

- **Cadence**: General Committee: Bi-monthly; Sub-teams: Monthly
- **Stakeholders**: Quality Measurement Professionals, VBP Pilots (Plans and Contractors)

Sub-teams:
- Behavioral Health (BH) / Health and Recovery Plan (HARP)
- Health Information Technology (HIT)-Enabled Quality Measurement
- HIV/ AIDS
- Maternity
- Total Care for the General Population (TCGP) / Integrated Primary Care (IPC)

Monthly: Measure Feasibility Task Force and Sub-teams*

As Needed: Clinical Validation Groups (CVGs)*

June – September: Clinical Advisory Groups (CAGs)

October: Release Annual VBP Quality Measure Reporting Manual

Early October: VBP Workgroup

Purpose: Define and refine the episodes of care for each VBP Arrangement as well as for each Potentially Avoidable Complication (PAC) measure.

- **Cadence**: As necessary
- **Stakeholders**: New York State (NYS) Agencies** (OHIP, OQPS, OMH, OASAS, etc.) and Altarum

Purpose: Identify and fill critical gaps in the clinical and care delivery goals to strengthen Statewide quality measurement program.

- **Cadence**: Annual (or bi-annual) meeting
- **Stakeholders**: NYS Agencies, CAG Members (Clinicians/ Medical Professionals from across the State)

CAGs:
- BH/ HARP
- Children's Health
- Chronic Conditions/ Primary Care
- HIV/ AIDS
- Managed Long Term Care (MLTC)
- Maternity

** Initially for 2017-2018, the Measure Feasibility Task Force and CVGs require a more intensive effort. The workload for these groups is expected to taper off after the VBP Pilot program ends after 2018.*

*** OHIP: Office of Health Insurance Programs, OQPS: Office of Quality and Patient Safety, OMH: Office of Mental Health, OASAS: Office of Alcoholism and Substance Abuse Services.*

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Stakeholder Engagement Process for Measure Review

Department of Health Approach

Clinical Advisory Groups

The CAG activities focused on refining the priority clinical and care delivery goals for the VBP arrangement measure sets, providing recommendations for future measure development and inclusion within the measure sets to drive improvement and achieve results per VBP Roadmap.

Measure Feasibility Task Force

The Measure Feasibility Task Force reviewed the VBP arrangement measure sets to assist in building a clear picture of the current state and anticipated challenges regarding data capture, data flows, and the approaches taken by MCOs and provider organizations in the selection and utilization of measures within quality programs and VBP contracting.

Public Comment and Survey

In addition to the workgroups above, the state pursued additional outreach efforts including public engagement through request for comment on measurement specifications and a survey of the current state and challenges of measure implementation and reporting.

12 Week Intensive Stakeholder Review Process

50+
Represented Groups and Organizations

45+
Meeting Hours

200+
Stakeholders Engaged

2018 Proposed Measure Sets

- *TCGP/ IPC Arrangement*
- *Maternity Care Arrangement*
- *HIV/ AIDS Arrangement*
- *HARP Arrangement*

Proposed TCGP/ IPC 2018 Measure Set

TCGP/ IPC Arrangement Measure Set for 2018

- At the March 2017 VBP Workgroup meeting the committee approved 40 Category 1 and Category 2 quality measures (including both P4P and P4R measures).
- The following recommended changes to the TCGP/ IPC VBP Quality Measure Set for 2018 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendations:

Measure Disposition	Rationale for Change	Count
Change from Cat 1 to Cat 2	Measure demoted because timeframe for measurement is too narrow	1
Change from Cat 2 to Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad	1
Add to Cat 1	Recommended by Children's Health CAG	8
Add to Cat 2	Recommended by Children's Health CAG	6
Remove from Measure Set	Measure specification change	2
Unchanged between MY 2017 and MY 2018		36

TCGP/ IPC VBP Quality Measure Set (1/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P	
Adolescent immunization rate, including rate for HPV (NQF 1407)	***NCQA***	***1407***	***Cat 1 P4P***	***Recommended by Children's Health CAG***
Adolescent well-care visit rate	***NCQA***		***Cat 1 P4R***	***Recommended by Children's Health CAG***
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	105	Cat 1 P4P	
Assessment and counseling of adolescents on sexual activity, tobacco use, alcohol and drug use, depression (four-part measure)	***NYS***		***Cat 1 P4R***	***Recommended by Children's Health CAG***
Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
Cervical Cancer Screening	NCQA	32	Cat 1 P4P	
Childhood Immunization Status	NCQA	38	Cat 1 P4P	
Children ages 2-20 having annual dental visit	***NYS***		***Cat 1 P4R***	***Recommended by Children's Health CAG***
Chlamydia Screening for Women	NCQA	33	Cat 1 P4P	
Colorectal Cancer Screening	NCQA	34	Cat 1 P4P	

***Bold**: Indicates measures recommended by Children's Health CAG; Red: Indicates proposed change to measure*
*Acronyms**:** CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance*

NEW YORK STATE OF OPPORTUNITY. Department of Health

TCGP/ IPC VBP Quality Measure Set (2/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	55	Cat 1 P4P	
Comprehensive Diabetes Care: Foot Exam	NCQA	56	Cat 1 P4R	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	575	Cat 1 P4R	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	59	Cat 1 P4P	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	57	Cat 1 P4P	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	62	Cat 1 P4P	
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P	
Controlling High Blood Pressure	NCQA	18	Cat 1 P4P	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Follow-up care for children prescribed Rx for ADHD (NQF 0108):	***NCQA***	***108***	***Cat 1 P4R***	***Recommended by Children's Health CAG***
Frequency of well-child visits during the first 15 months of life (NQF 1392)	***NCQA***	***1392***	***Cat 1 P4P***	***Recommended by Children's Health CAG***

***Bold**: Indicates measures recommended by Children's Health CAG; Red: Indicates proposed change to measure*
*Acronyms**:** NCQA: National Committee for Quality Assurance, AHRQ: Agency for Healthcare Research and Quality*

NEW YORK STATE OF OPPORTUNITY. Department of Health

TCGP/ IPC VBP Quality Measure Set (3/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Frequency of well-child visits, ages 3 to 6 (NQF 1516)	***NCQA***	***1516***	***Cat 1 P4P***	***Recommended by Children's Health CAG***
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	4	Cat 1 P4P	
Initiation of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 1 P4R~~ Cat 2	Measure demoted because timeframe for measurement is too narrow
Initiation of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 1 P4P	
Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
PDI #14 asthma admission rate, ages 2 through 17 years	***AHRQ***		***Cat 1 P4P***	***Recommended by Children's Health CAG***
Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care	Altarum	Not endorsed	Cat 1 P4R	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	421	Cat 1 P4R	
Preventive Care and Screening: Influenza Immunization	AMA PCPI	41	Cat 1 P4R	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	418	Cat 1 P4R	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	28	Cat 1 P4R	

***Bold**: Indicates measures recommended by Children's Health CAG; Red: Indicates proposed change to measure*
*Acronyms**:** NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services, AHRQ: Agency for Healthcare Research and Quality, CMS: Centers for Medicare and Medicaid Services, AMA: American Medical Association, PCPC: Physician Consortium for Performance Improvement*

NEW YORK STATE OF OPPORTUNITY. Department of Health

TCGP/ IPC VBP Quality Measure Set (4/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	
Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	577	Cat 1 P4R	
Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 2~~ Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	24	Cat 1 P4P	

***Bold**: Indicates measures recommended by Children's Health CAG; Red: Indicates proposed change to measure*
*Acronyms**:** NCQA: National Committee for Quality Assurance*

TCGP/ IPC VBP Quality Measure Set (1/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	58	~~Cat 2~~ Remove from Measure Set	Measure specification change
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	OASAS	Not endorsed	Cat 2	
Continuity of Care (CoC) Within 14 Days of Discharge From Any Level of SUD Inpatient Care	OASAS	Not endorsed	Cat 2	
Developmental screening using standardized tool, first 36 months of life (NQF 1448)	***Oregon Health & Science University***	***1448***	***Cat 2***	***Recommended by Children's Health CAG***
Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older	***NCQA***		***Cat 2***	***Recommended by Children's Health CAG***
Follow-up after ED visit for mental illness, ages 6 and older	***NCQA***		***Cat 2***	***Recommended by Children's Health CAG***
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	TJC	338	Cat 2	
Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2	
Maternal depression screen done during child's first 6 months of life	***NCQA***		***Cat 2***	***Recommended by Children's Health CAG***
Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2	

***Bold**: Indicates measures recommended by Children's Health CAG; Red: Indicates proposed change to measure*
*Acronyms**:** AAAAI: American Academy of Allergy, Asthma, and Immunology, NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services, TJC: The Joint Commission*

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TCGP/ IPC VBP Quality Measure Set (2/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Screening for Reduced Visual Acuity and Referral in Children (NQF 2721—approved for trial use)	***CMS***	***2721***	***Cat 2***	***Recommended by Children's Health CAG***
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	ADA	2528	Cat 2	
Use of first-line psychosocial care for children and adolescents on antipsychotics	***NCQA***	***2801***	***Cat 2***	***Recommended by Children's Health CAG***
Use of Imaging Studies for Low Back Pain	NCQA	52	~~Cat 2~~ Remove from Measure Set	Measure specification change
Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 2~~ Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad
Utilization of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 2	

***Bold**: Indicates measures recommended by Children's Health CAG; Red: Indicates proposed change to measure*
*Acronyms**:** CMS: Centers for Medicare and Medicaid Services, ADA: American Dental Association, NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services*

Proposed Maternity Care 2018 Measure Set

Maternity Arrangement Measure Set for 2018

- At the February 2017 VBP Workgroup meeting the committee approved 18 Category 1 and 2 quality measures (including both Pay-for-Performance (P4P) and Pay-for-Reporting (P4R) measures).
- The following recommended changes to the Maternity Care VBP Quality Measure Set for 2018 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendation:

Measure Disposition	Rationale for Change	Count
Remove from Measure Set	Measure is being retired by steward	1
Unchanged between MY 2017 and MY 2018		17

Maternity Care VBP Quality Measure Set

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Contraceptive Care – Postpartum Women	United States Office of Population Affairs	2902	Cat 1 P4R	
C-Section for Nulliparous Singleton Term Vertex (NSTV)	TJC	0471	Cat 1 P4R	
Frequency of Ongoing Prenatal Care	NCQA	1391	~~Cat 1 P4P~~ Remove from Measure Set	Measure being retired by NCQA
Incidence of Episiotomy [% of Vaginal Deliveries With Episiotomy]	Christiana Care Health System	0470	Cat 1 P4R	
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	0278	Cat 1 P4R	
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	0480	Cat 1 P4R	
Percentage of Preterm Births.	NYS	Not endorsed	Cat 1 P4R	
Prenatal & Postpartum Care (PPC)—Timeliness of Prenatal Care & Postpartum Visits	NCQA	1517 (lost endorsement)	Cat 1 P4P	
[IPC] Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	Cat 1 P4R	

[IPC] Measure is also part of TCGP/ IPC Measure Set
Red: Indicates proposed change to measure
***Acronyms:** TJC: The Joint Commission, NCQA: National Committee for Quality Assurance, AHRQ: Agency for Healthcare Research and Quality, CMS: Centers for Medicare and Medicaid Services*

Maternity Care VBP Quality Measure Set

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	Not endorsed	Cat 2	
Antenatal Steroids	TJC	0476	Cat 2	
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	HCA	0473	Cat 2	
Experience of Mother With Pregnancy Care	-	Not endorsed	Cat 2	
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	CDC	0475	Cat 2	
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Massachusetts General Hospital	1746	Cat 2	
Monitoring and Reporting of NICU Referral Rates	-	Not endorsed	Cat 2	
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle	Not endorsed	Cat 2	
Vaginal Births after Cesarean Section [Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated]	NYS OQPS	Not endorsed	Cat 2	

IPC Measure is also part of TCGP/ IPC Measure Set

Red: Indicates proposed change to measure

Acronyms: *TJC: The Joint Commission, HCA: Hospital Corporation of America, CDC: Centers for Disease Control and Prevention, OQPS: Office of Quality and Patient Safety*

Proposed HIV/ AIDS 2018 Measure Set

HIV/ AIDS Arrangement Measure Set for 2018

- At the February 2017 VBP Workgroup meeting the committee approved 44 Category 1 and 2 quality measures (including both P4P and P4R measures).
- The following recommended changes to the HIV/ AIDS measure set are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
    - Stakeholder Recommendation:

Measure Disposition	Rationale for Change	Count
Change from Cat 1 to Cat 2	Recommended by HIV Quality Advisory Committee of the AIDS Institute to align with ETE	2
Change from Cat 1 to Cat 2	Measure demoted because timeframe for measurement is too narrow	1
Change from Cat 2 to Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad	1
Remove from Measure Set	Measure specification change	1
Unchanged between MY 2017 and MY 2018		39

** REMINDER: The HIV/ AIDS measure set will be used in conjunction with the TCGP/ IPC measure set*
Acronyms: ETE = Ending the Epidemic.

HIV/ AIDS VBP Quality Measure Set (1/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P	
IPC Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	0105	Cat 1 P4P	
IPC Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
IPC Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
IPC Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Eye Exam (retinal) performed	NCQA	0055	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Foot Exam	NCQA	0056	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	0575	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	0057	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	

IPC Measure is also part of TCGP/ IPC Measure Set
Red: Indicates proposed change to measure
Acronyms: *CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance*

HIV/ AIDS VBP Quality Measure Set (2/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P	
IPC Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
IPC Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
HIV Viral Load Suppression	HRSA	2082	Cat 1 P4P	
IPC Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	0004	Cat 1 P4P	
IPC Initiation of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 1 P4R~~ Cat 2	Measure demoted because timeframe for measurement is too narrow
IPC Initiation of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 1 P4P	
Linkage to HIV Medical Care	HRSA	Not endorsed	~~Cat 1 P4R~~ Cat 2	Recommended by HIV Quality Advisory Committee of the AIDS Institute to align with ETE
IPC Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
IPC Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	

IPC Measure is also part of TCGP/ IPC Measure Set
Red: Indicates proposed change to measure
Acronyms: *AHRQ: Agency for Healthcare Research and Quality, NCQA: National Committee for Quality Assurance, HRSA: Health Resources and Services Administration, OASAS: Office of Alcoholism and Substance Abuse Services, CMS: Centers for Medicare and Medicaid Services*

HIV/ AIDS VBP Quality Measure Set (3/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
IPC Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	Cat 1 P4R	
IPC Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Proportion of Patients with HIV/ AIDS that have a Potentially Avoidable Complication during a Calendar Year	Altarum	-	Cat 1 P4R	
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	NCQA	0409	~~Cat 1 P4P~~ Cat 2	Recommended by HIV Quality Advisory Committee of the AIDS Institute to align with ETE
IPC Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	
IPC Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R	
Substance Abuse Screening	HRSA	Not endorsed	Cat 1 P4R	
IPC Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	
IPC Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 2~~ Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad

IPC Measure is also part of TCGP/ IPC Measure Set
Red: Indicates proposed change to measure
***Acronyms:** AMA: American Medical Association, PCPI: Physician Consortium for Performance Improvement, CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance*

HIV/ AIDS VBP Quality Measure Set (1/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2	
IPC Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	OASAS	Not endorsed	Cat 2	
IPC Continuity of Care (CoC) within 14 days of Discharge From Any Level of SUD Inpatient Care	OASAS	Not endorsed	Cat 2	
Diabetes Screening (HIV/ AIDS)	NYSDOH AIDS Institute	Not endorsed	Cat 2	
Hepatitis C Screening	HRSA	Not endorsed	Cat 2	
Housing Status	HRSA	Not endorsed	Cat 2	
IPC Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2	
Medical Case Management: Care Plan	HRSA	Not endorsed	Cat 2	
IPC Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2	
Prescription of HIV Antiretroviral Therapy	HRSA	2083	Cat 2	
Sexual History Taking: Anal, Oral, and Genital (HIV/ AIDS)	NYSDOH AIDS Institute	Not endorsed	Cat 2	

IPC Measure is also part of TCGP/ IPC Measure Set

Red: Indicates proposed change to measure

Acronyms: *AAAAI: American Academy of Allergy, Asthma, and Immunology, OASAS: Office of Alcoholism and Substance Abuse Services, HRSA: Health Resources and Services Administration*

HIV/ AIDS VBP Quality Measure Set (2/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Use of Imaging Studies for Low Back Pain	NCQA	0052	~~Cat 2~~ Remove from Measure Set	Measure specification change
IPC Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 2~~ Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad
IPC Utilization of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 2	

IPC Measure is also part of TCGP/ IPC Measure Set
Red: Indicates proposed change to measure
Acronyms: *NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services*

Proposed HARP 2018 Measure Set

HARP Arrangement Measure Set for 2018

- At the February 2017 VBP Workgroup meeting the committee approved 41 Category 1 and 2 quality measures (including both P4P and P4R measures).
- The following recommended changes to the HARP measure set are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendations:

Measure Disposition	Rationale for Change	Count
Change from Cat 1 to Cat 2	Measure demoted because timeframe for measurement is too narrow	1
Change from Cat 1 to Cat 2	Measure specification being refined	1
Change from Cat 1 to Cat 2	Measure intended for Primary Care	1
Change from Cat 2 to Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad	1
Remove from Measure Set	Measure specification changed	2
Add to Measure Set (Cat 1 P4P)	Measure intended for inclusion in 2017	1
Unchanged between MY 2017 and MY 2018		36

** REMINDER: The HARP measure set will be used in conjunction with the TCGP/ IPC measure set.*

HARP VBP Quality Measure Set (1/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	1879	Cat 1 P4P	Intended for inclusion in 2017
IPC Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	~~Cat 1 P4P~~ Cat 2	Intended for Primary Care
IPC Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
IPC Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
IPC Chlamydia Screening for Women	NCQA	0033	Cat 1 P4P	
IPC Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Foot Exam	NCQA	0056	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	0575	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	0057	Cat 1 P4P	

Red: Indicates proposed change to measure

Acronyms: *CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance*

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HARP VBP Quality Measure Set (2/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	
IPC Comprehensive Diabetes Screening: All Three Tests (HbA1c, Dilated Eye Exam, and Medical Attention for Nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P	
IPC Continuity of Care (CoC) Within 14 Days of Discharge From Any Level of SUD Inpatient Care	OASAS	Not endorsed	Cat 1 P4P	
IPC Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
IPC Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	NCQA	-	Cat 1 P4P	
Follow-up After Hospitalization for Mental Illness (A)within 30 days; (B)within 7 days	NCQA	0576	Cat 1 P4P	
IPC Initiation of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 1 P4R~~ Cat 2	Measure demoted because timeframe for measurement is too narrow
IPC Initiation of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 1 P4P	
IPC Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
Percentage Enrollment in Health Home	OMH/OASAS	Not endorsed	Cat 1 P4R	

Red: Indicates proposed change to measure

Acronyms: *AHRQ: Agency for Healthcare Research and Quality, OASAS: Office of Alcoholism and Substance Abuse Services, NCQA: National Committee for Quality Assurance, OMH: Office of Mental Health*

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HARP VBP Quality Measure Set (3/3)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Percentage of Members Who Maintained/ Obtained Employment or Maintained/ Improved Higher Education Status	OMH/OASAS	Not endorsed	Cat 1 P4R	
Percentage of Members Who Receive PROS or HCBS for At Least 3 Months in Reporting Year	OMH/OASAS	Not endorsed	~~Cat 1 P4R~~ Cat 2	Measure specification being refined
Percentage of Members with Maintenance of Stable or Improved Housing Status	OMH/OASAS	Not endorsed	Cat 1 P4R	
Percentage of Members with Reduced Criminal Justice Involvement	OMH/OASAS	Not endorsed	Cat 1 P4R	
IPC Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	
IPC Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
IPC Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Readmission to Mental Health Inpatient Care within 30 Days of Discharge	OMH	Not endorsed	Cat 1 P4P	
IPC Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	
IPC Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R	
IPC Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	
IPC Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	~~Cat 2~~ Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad

IPC Measure is also part of TCGP/ IPC Measure Set

Red: Indicates proposed change to measure

Acronyms: *OMH: Office of Mental Health, OASAS: Office of Alcoholism and Substance Abuse Services, AMA: American Medical Association, PCPI: Physician Consortium for Performance Improvement, CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance*

NEW YORK STATE OF OPPORTUNITY. Department of Health

HARP VBP Quality Measure Set

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2	
IPC Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	0052	~~Cat 2~~ Remove from Measure Set	Measure specification change
IPC Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	OASAS	Not endorsed	Cat 2	
IPC Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2	
IPC Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2	
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 days	OMH	Not endorsed	Cat 2	
IPC Use of Imaging Studies for Low Back Pain	NCQA	0052	~~Cat 2~~ Remove from Measure Set	Measure specification change
IPC Utilization of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 2	

IPC Measure is also part of TCGP/ IPC Measure Set
Red: Indicates proposed change to measure
Acronyms: *AAAAI: American Academy of Allergy, Asthma, and Immunology, NCQA: National Committee for Quality Assurance, OASAS: Office of Alcoholism and Substance Abuse Services*

Next Steps

Next Steps

Immediate:

- Measures for MY 2018 will be finalized after the VBP Workgroup comment period ends.
  - Please submit comments in writing to **vbp@health.ny.gov**, no later than **October 16th.**
- Quality Measure Sets for Measurement Year 2018 will be published in October.

For Calendar Year 2018:

- After finalizing the measures for MY 2018, the annual review cycle for MY 2019 will begin.
  - The CAGs will reconvene after the first of the year to continue to review, identify, and fill critical gaps in the clinical and care delivery goals for measure set development.
  - The CAGs will review feedback from the VBP Pilots and Contractors regarding their experiences with VBP quality measurement.
  - The Measure Feasibility Task Force will continue to work on testing, validating, and developing strategies for the implementation of existing and new measures based on feedback from VBP Contractors and MCOs.

III. MLTC Implementation & Quality Measures Update

- Level 1 MLTC VBP Implementation Guidance
  - Contract Templates
- MLTC Clinical Advisory Group Recommendations
  - Quality measures recommended for VBP for 2018
  - Considerations for Medicaid Advantage Plus (MAP), Fully Integrated Dual Advantage (FIDA), and Program of All-Inclusive Care for the Elderly (PACE)
- Additional Stakeholder Engagement
    - VBP Bootcamp 2.0 session
    - MLTC CAG Subcommittee meeting with MAP, FIDA, and PACE plans

Level 1 MLTC VBP Implementation Guidance

MLTC VBP Level 1 Implementation Guidance

MLTC partial capitation plans should implement MLTC Level 1 VBP arrangements by December 31, 2017 using the Potentially Avoidable Hospitalization (PAH) measure.

- Provider contracts to be converted by December 31, 2017 are for covered services provided by:
  - Licensed Home Care Services Agencies (LHCSAs)
  - Certified Home Health Agencies (CHHAs)
  - Skilled Nursing Facilities (SNFs)
    - For LHCSAs, and CHHAs: All Category 1 quality measures including PAH will be calculated for plan-provider combinations for attributed member groups by DOH.
    - For SNFs: The Category 1 PAH measure will be calculated at the facility level for plan-provider combinations for attributed member groups by DOH.

Contracting Template Availability

DLTC has drafted sample contracting templates for home care agencies (LHCSAs and CHHAs) and nursing homes (SNFs). These can be used to amend existing contracts to achieve Level 1 VBP for MLTC.

- Templates use a P4P framework and are able to be customized by contracting parties according to selected performance payment methodology and quality measures.

  ➢Will be made available in the MLTC section of DOH's VBP Resource Library https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/

MLTC CAG Recommendations

MLTC Arrangement Measure Set for 2018

- At the May 2017 VBP Workgroup meeting the committee approved 10 quality measures as Category 1 (all P4P measures selected from the Managed Long Term Care Quality Incentive) and 19 Category 2 measure (all P4R including some for optional use for nursing homes selected from the Nursing Home Quality Initiative).
- The following potential changes to the MLTC VBP Quality Measure Set for measurement year (MY) 2018 are based on the feedback received by the DOH from the MLTC Clinical Advisory Group.
  - Stakeholder Recommendations:

Measure Disposition	Rationale for Change	Count
Remove from Cat 2	Measure of MLTC plan quality; not for VBP Contractors	1
Add to Cat 1	To enable Level 1 VBP for Nursing Homes	1
Changed from P4P to P4R	Nursing home measures can be used P4P	11
Unchanged		15

MLTC VBP Quality Measure Set for MY 2018 (1/2)

Category 1

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/New York State+	Cat 1 P4P
Percentage of members who did not have falls resulting in medical intervention in the last 90 days*	UAS – NY/New York State	Cat 1 P4P
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/New York State	Cat 1 P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection*	UAS – NY/New York State with linkage to SPARCS‡ data	Cat 1 P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/New York State	Cat 1 P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/New York State	Cat 1 P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/New York State	Cat 1 P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/New York State	Cat 1 P4P
Percentage of members who did not experience uncontrolled pain*	UAS – NY/New York State	Cat 1 P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/New York State	Cat 1 P4P

* Included in the NYS DOH MLTC Quality Incentive measure set
+ UAS – NY denotes the Uniform Assessment System for New York for MLTC members
‡ SPARCS denotes the Statewide Planning and Research Cooperative System

MLTC VBP Quality Measure Set for MY 2018 (2/2)

Category 1

Measures	Measure Source/ Steward	Classification	Rationale for Change
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection‡	MDS 3.0+/New York State with linkage to SPARCS^ data	Cat 1 P4P	Added to the measure set to enable Level 1 VBP for Nursing Homes

‡ Included in the NYS DOH Nursing Home Quality Initiative measure set
+ UAS – NY denotes the Uniform Assessment System for New York for MLTC members
^ SPARCS denotes the Statewide Planning and Research Cooperative System

MLTC VBP Quality Measure Set for MY 2018 (1/2)

Category 2

Measures	Measure Source/Steward	Classification	Rationale for Change
Percent of long stay high risk residents with pressure ulcers‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P
Percent of long stay residents who received the pneumococcal vaccine‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P
Percent of long stay residents who received the seasonal influenza vaccine‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P
Percent of long stay residents experiencing one or more falls with major injury‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P
Percent of long stay residents who lose too much weight‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P
Percent of long stay residents with a urinary tract infection‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P
Care for Older Adults – Medication Review	NCQA§	P4R	
Use of High–Risk Medications in the Elderly	NCQA	P4R	
Percent of long stay low risk residents who lose control of their bowel or bladder‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P
Percent of long stay residents whose need for help with daily activities has increased‡	MDS 3.0/CMS	P4R to P4P	Measure can be used P4P

* Included in the NYS DOH MLTC Quality Incentive measure set
+ MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set
^ SPARCS denotes the Statewide Planning and Research Cooperative System
§ NCQA denotes the National Committee for Quality Assurance

MLTC VBP Quality Measure Set for MY 2018 (2/2)

Category 2

Measures	Measure Source/Steward	Classification	Rationale for Change
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent*	MLTC Survey/New York State	P4R	
Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so*	MLTC Survey/New York State	~~Cat 2 P4R~~ Remove from measure set	Removed from the measure set; not for VBP Contractors
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care*	MLTC Survey/New York State	P4R	
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time*	MLTC Survey/New York State	P4R	
Percent of long stay residents who have depressive symptoms‡	MDS 3.0/CMS	P4R to P4P	Measure can be used for P4P
Percent of long stay residents with dementia who received an antipsychotic medication‡	MDS 3.0/Pharmacy Quality Alliance	P4R to P4P	Measure can be used for P4P
Percent of long stay residents who self–report moderate to severe pain‡	MDS 3.0/CMS	P4R to P4P	Measure can be used for P4P

* Included in the NYS DOH MLTC Quality Incentive measure set
+ MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set
^ SPARCS denotes the Statewide Planning and Research Cooperative System

MLTC CAG Recommendations on VBP Levels 2 and 3 and Approaches for MAP, FIDA, PACE

1. Levels 2 and 3 in MLTC VBP for partially capitated MLTC product lines should be equivalent to Levels 1 and 2 in mainstream VBP with VBP Contractors experiencing downside risk only as they move to Level 3.
2. Attribution for MLTC VBP should be reexamined as primary, acute, and long-term care services for MLTC members become more integrated.
3. Care should be taken with modifying models of care for MAP, PACE, and FIDA.
   - Plans with existing demonstration status may necessitate CMS approval.
   - Current models maximize incentives for avoidance of adverse events because they are fully capitated.
   - The State should convene a MAP, PACE, and FIDA stakeholder meeting to address VBP
4. The strategic focus for initial development of total cost of care concepts for VBP in MLTC should be larger MAP, PACE, and FIDA plans (e.g., greater than 1,000 members).
5. MLTC VBP quality measure for partially capitated plans, including the PAH measures, should also be considered for use for MLTC VBP for fully capitated MLTC product lines. In addition, quality measures from FIDA and PACE that may be appropriate for VBP should be explored.

Additional Stakeholder Engagement

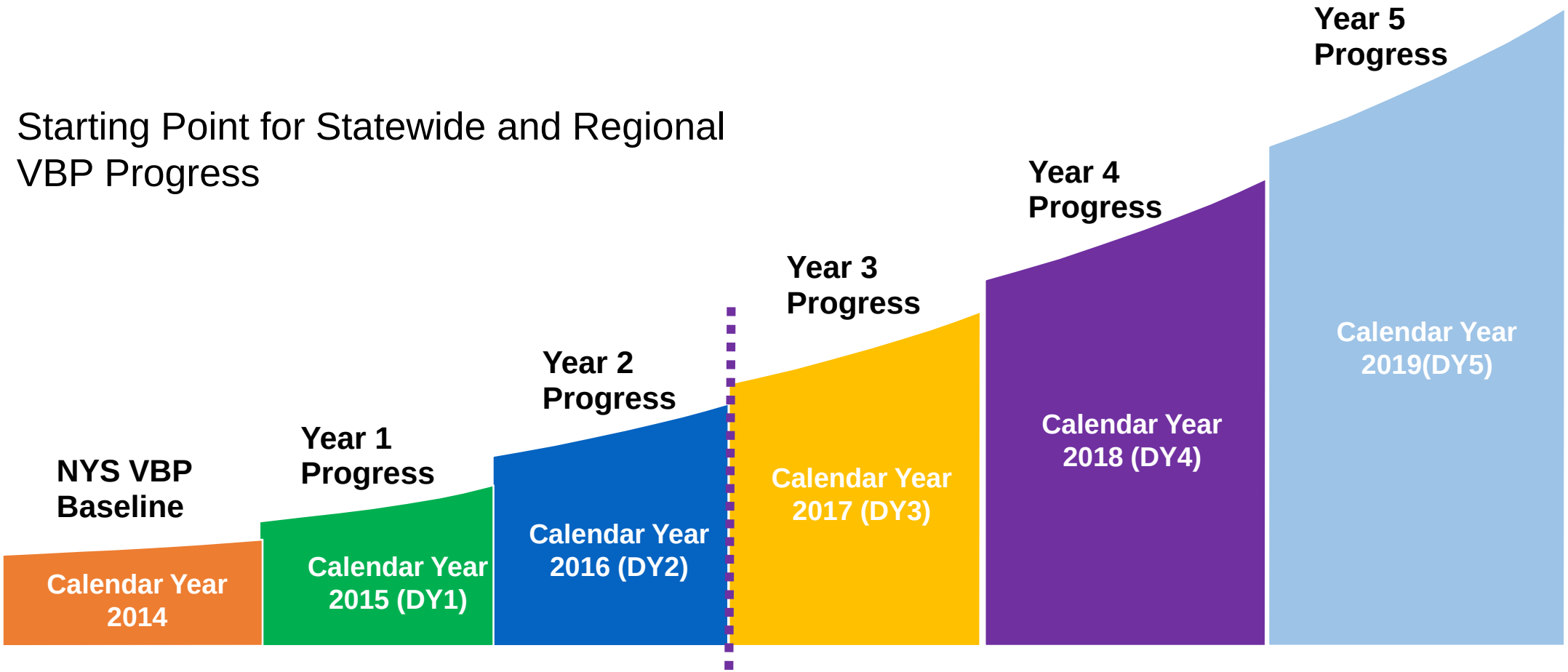
- MLTC Class Added to Upcoming VBP Bootcamp 2.0 Sessions
  - The course is intended to prepare participants to enter into an entry level VBP arrangement for MLTC. The course will review the key principles of a level 1 arrangement for MLTC and includes use of quality measures, examples of MLTC VBP arrangements and contracting scenarios, as well as a high-level summary of MLTC VBP finance.
    - Session available all five locations and dates.
    - Content from Capital region session on 10/10 will be webcast live and recorded.

- MLTC CAG Subcommittee Meeting for MAP, FIDA, and PACE Plans
  - Looking to convene in mid-October; date TBD
    - Reach out to MLTCVBP@health/ny.gov if you would like to participate.

IV. MCO Survey Results

MCO Year 2 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:

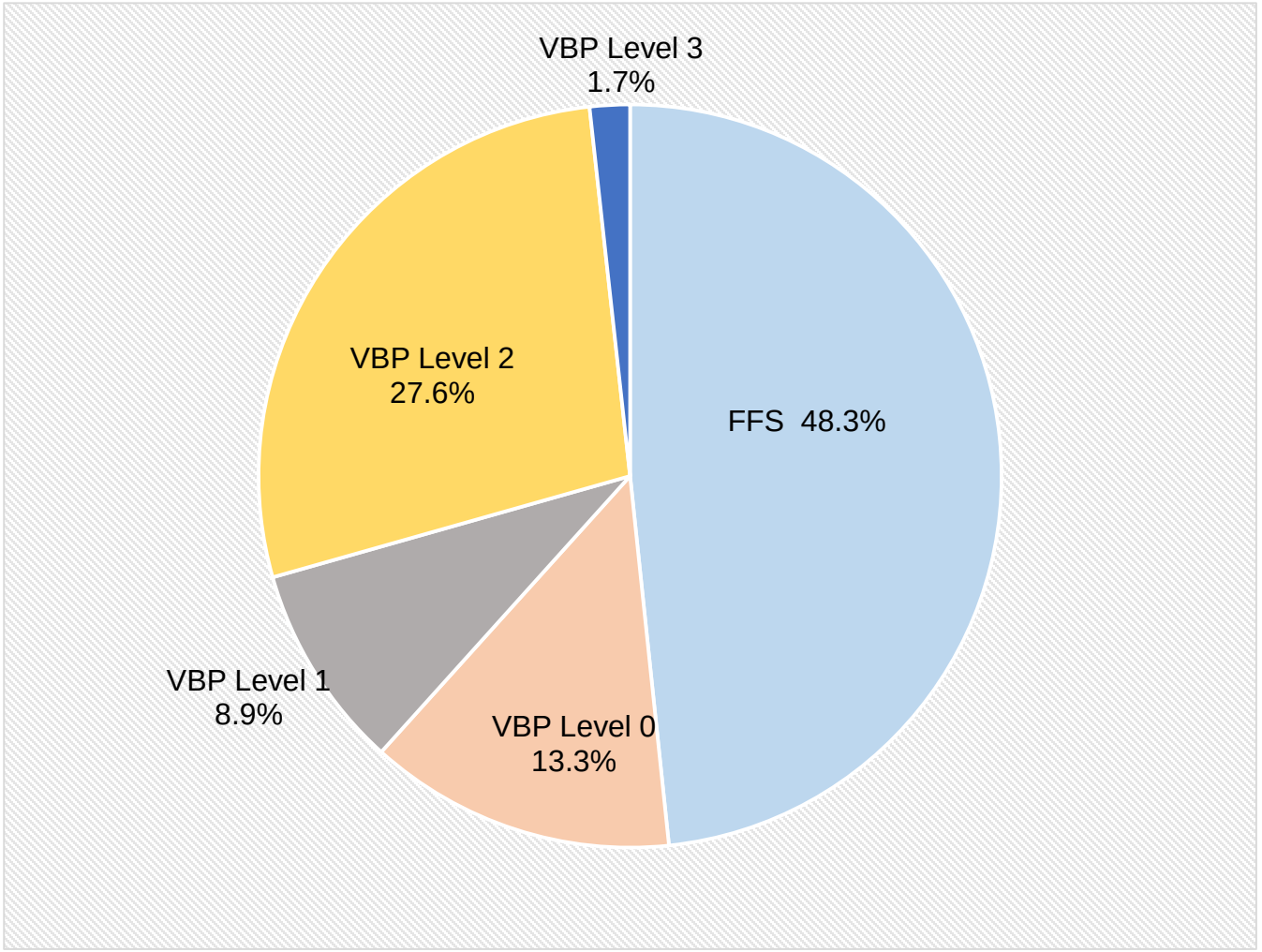
Reference	Reported Information
NYS VBP Roadmap pg. 2	VBP Progress measured in total dollars and outcomes
NYS VBP Roadmap pg. 2	VBP Implementation guidelines, specifications, and changes to the Roadmap
NYS VBP Roadmap pg. 9	Progress and details on the development of any ‘off menu’ VBP arrangements
NYS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

Purpose of the MCO Baseline Survey

- The purpose of this survey is to measure statewide progress towards both the overall **80-90% VBP Goal** and the **35% VBP Target** for Levels 2 and 3

- Results presented here are reflecting data submissions by:
  - 16 Mainstream Managed Care (MMC)
  - 13 Health and Recovery Plans (HARP);
  - 3 HIV Special Needs Plans (HIV/ SNP); and
  - 6 Medicare Advantage Plans (DUAL)

Broad Overview of Results – (Combined MMC,HARP and HIVSNP)



VBP Baseline of Levels 1 - 3 for CY 2016: **38.32%**

TOTAL MA $	$	22,009,874,972	
FFS	**$**	**10,637,177,138**	**48.33%**
VBP0	**$**	**2,938,167,057**	**13.35%**
Level 0/Quality Only	*$*	*2,673,309,928*	*12.15%*
Level 0/ Cost Only	*$*	*264,857,129*	*1.20%*
VBP1	**$**	**1,964,859,305**	**8.93%**
VBP2	**$**	**6,085,682,321**	**27.65%**
VBP3	**$**	**383,876,742**	**1.74%**
Level 1-3	***$***	***8,434,418,368***	***38.32%***

* Does not exclude $907,599,798 in cost associated with high cost ,organ transplant drugs and tied up in contracts with financially distressed facilities.

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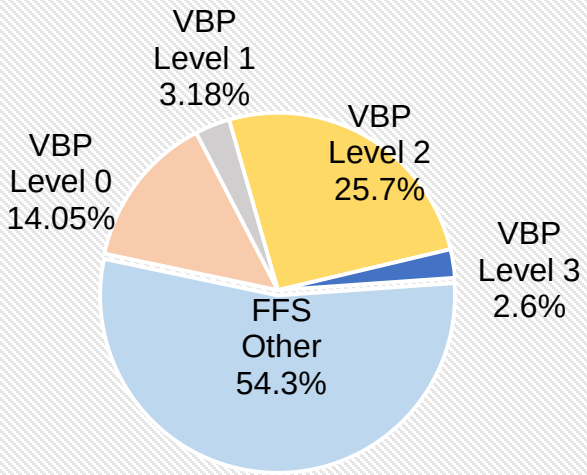
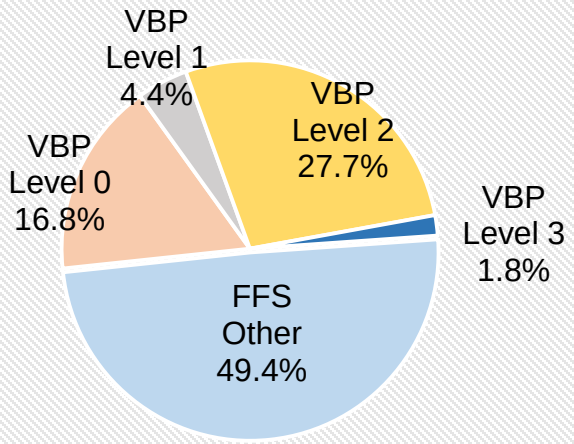
Y to Y Comparison Results: (Combined MMC, HARP, HIV-SNP)

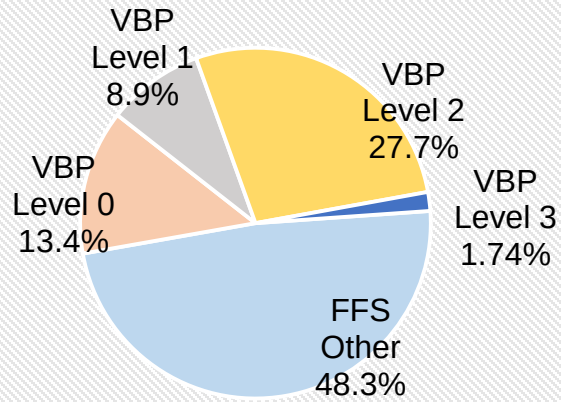
CY2014 VBP 1-3: 31.45%



CY2015 VBP 1-3: 33.82%



CY2016 VBP 1-3: 38.34%



Plan Type	Total	FFS/Other	VBP Level 0	VBP Level 1	VBP Level 2	VBP Level 3
MMC '14	$ 17,290,312,058	$ 9,392,580,916	$ 2,429,094,296	$ 549,827,893	$4,441,358,780	$ 477,450,172
MMC '15	$19,849,665,409	$9,811,397,293	$3,325,306,318	$873,313,158	$5,492,388,575	$347,260,066
MMC'16	$22,009,874,972	$10,637,177,138	$2,938,167,057	$1,964,859,305	$6,085,682,321	$383,876,742

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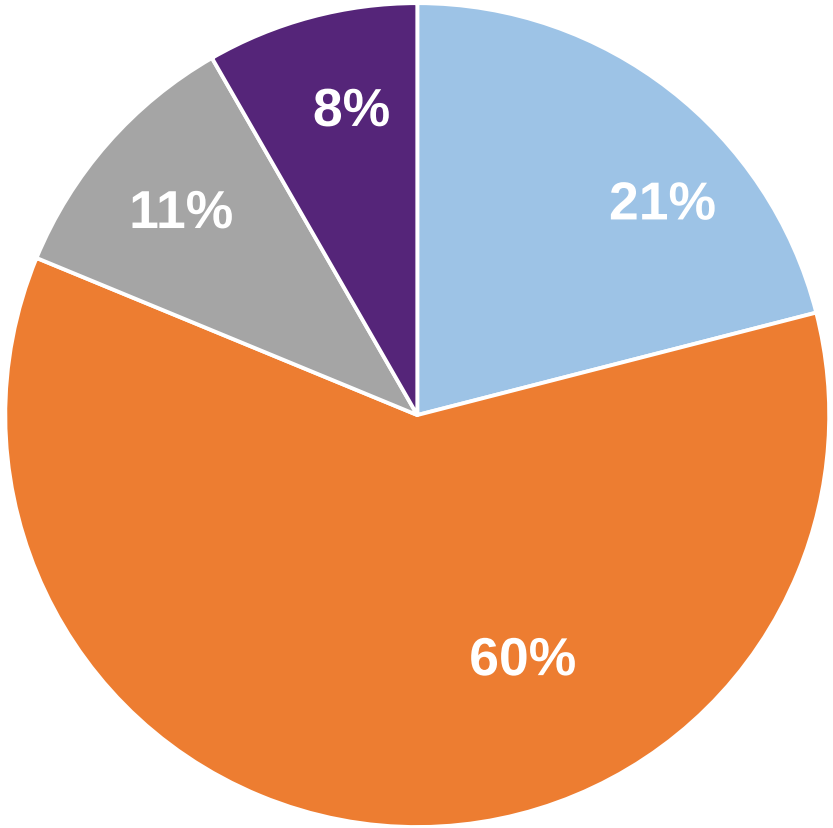
Summary of Arrangements by Type

	Medicaid	HARP	HIV SNP	TOTAL	% of Total
Integrated Primary Care	$69,171,883	$1,148,062	$0	$70,319,945	0.32%
Acute Care Bundles (Maternity)	$101,532,517	$272,975	$396,070	$102,201,562	0.46%
Total Care for the General Population	$7,557,438,074	$210,850,396	$178,363,345	$7,946,651,815	35.96%
HIV/AIDS Subpopulation	$297,189,556	$21,765,856	$0	$318,955,412	1.44%
MLTC Subpopulation	$0	$0	$0	$0	0.00%
HARPSub-population	$0	$427,631,163	$0	$427,631,163	1.93%
Off-Menu Arrangements	$517,329,736	$310,178	$0	$517,639,914	2.34%
Fee-for-Service Arrangements	$11,509,495,546	$634,802,926	$202,425,512	$12,346,723,984	55.87%
Other Arrangements	$273,621,286	$60,395,048	$36,730,007	$370,746,341	1.68%

MLTC Plan VBP Readiness

MLTC Plan VBP Readiness - Preliminary Survey Results

MLTC Plan Intentions to Pursue VBP
(by volume of members* covered)



- Intend to Pursue VBP with All Providers (covers 32,471 members)
- Intend to Pursue VBP with Targeted Providers - LHCSAs, CHHAs, and SNFs (covers 93,128 members)
- Have VBP Already & Intend to Pursue w/ Additional Providers - LHCSAs, CHHAs, and SNFs (covers 16,183 members)
- Have VBP Already & Do Not Intend to Pursue w/ Additional Providers (covers 12,845 members)

* PACE plans excluded. Enrollment totals for plans with MAP and/or FIDA product lines include enrollment for those product lines. Membership totals based on 2016 MLTC plan enrollment as listed in the 2016 Managed Long-Term Care Report (https://www.health.ny.gov/health_care/managed_care/mltc/pdf/mltc_report_2016.pdf).

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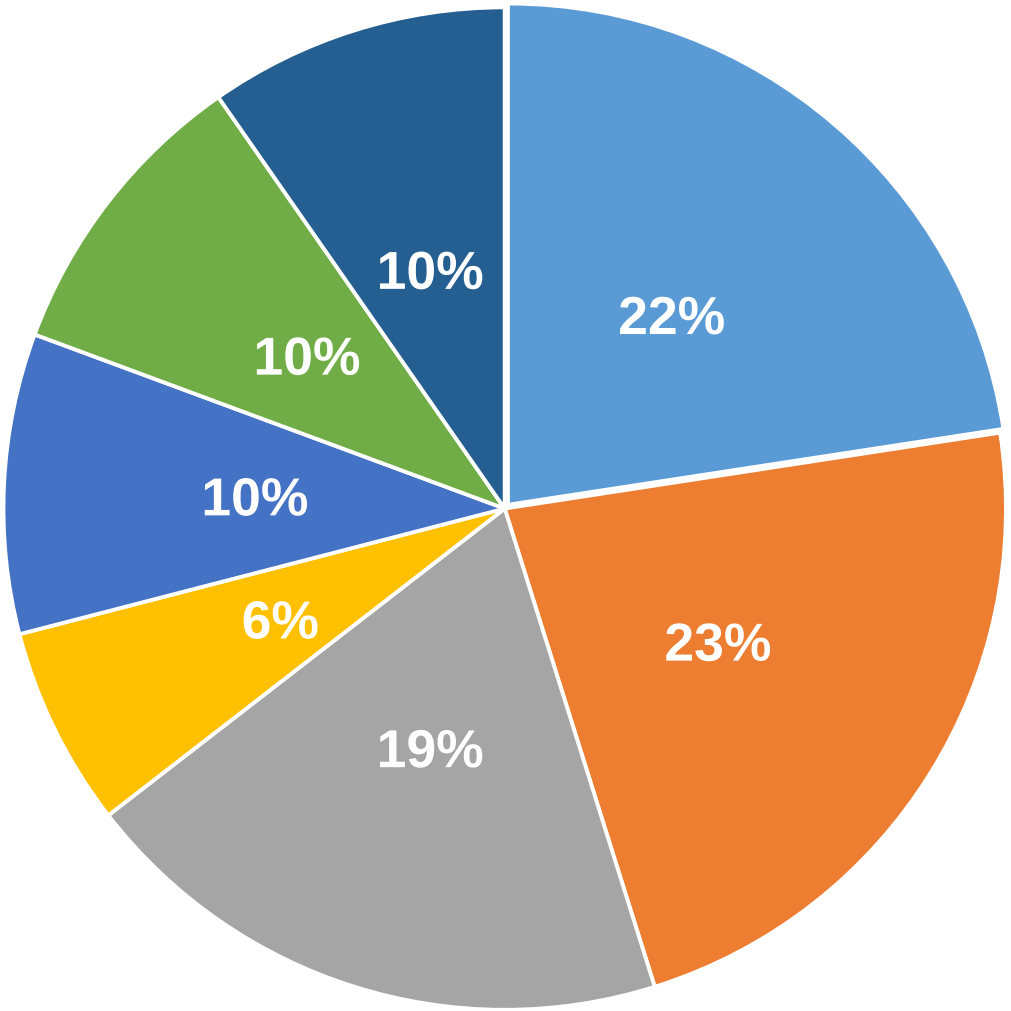
MLTC Plan VBP Readiness - CEO Outreach Results

Reported Readiness for VBP from CEO Outreach (by MLTC plan)



- Not Ready for Level 1 (7 Plans)
- Ready - Need Assistance (7 Plans)
- Ready for Level 1 (6 Plans)
- Preparing to Move to Level 2 (2 Plans)
- At Level 2 or Above (3 Plans)
- CEO Outreach Pending (3 Plans)
- PACE Only - CEO Outreach Pending (3 Plans)

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V. VBP Bootcamps

VBP Bootcamps 2.0

- The **VBP Bootcamp 2.0 series scheduled for October and November 2017** are a follow-up to the initial VBP Bootcamp series, which launched in Summer 2016.
  - ❑More information for VBP Bootcamps 2.0 can be found **here**

- Whereas the initial VBP Bootcamps focused on program design and VBP Roadmap standards/guidelines, **VBP Bootcamps 2.0 will focus on VBP Contractor implementation**.

- The VBP University initiative was rolled out to:
  a) Bridge the gap between the initial VBP Bootcamps and VBP Bootcamps 2.0
  b) Continue supporting VBP Contractors, payers and stakeholders with VBP guidance
  c) Provide stakeholders with introductory materials before attending VBP Bootcamps 2.0
     - ❑Semester 1-3 for VBP University have been released and are available **here**

Bootcamp Registration

- Bootcamp session will be held at the locations listed below.
- Notices for registration will be made available via email communication from the MRT listserve.
- The Capital Region and NYC sessions are currently open for registration.

Date	Region	Location	Address	Registration Opens
October 10, 2017**	Capital Region**	The Egg-Swyer Theater**	1 Empire State Plaza, S Mall Arterial, Albany, NY 12203	September 19, 2017
October 18, 2017	New York City	The New York Academy of Medicine	1216 5th Ave, New York, NY 10029	September 27, 2017
October 23, 2017	North Country	High Peaks Resort	2384 Saranac Ave, Lake Placid, NY 12946	October 2, 2017
November 3, 2017	Central New York	Rochester Radisson Riverside	120 E Main St, Rochester, NY 14604	October 13, 2017
November 15, 2017	Long Island	The Long Island Marriott	101 James Doolittle Blvd, Uniondale, NY 11553	October 25, 2017

**All of the sessions for the Capital Region VBP Bootcamp will be webcasted live and recorded.

VBP Bootcamps 2.0 Daily Schedule

VBP Bootcamps Schedule														
8 - 9AM	9 - 10AM	10 - 10:30AM	10:30 - 11AM	11 - 11:30AM	11:30 - 12PM	12 - 12:30PM	12:30 - 1PM	1 - 1:30PM	1:30 - 2PM	2 - 2:30PM	2:30 - 3PM	3 - 3:30PM	3:30 - 4:30PM	4:30 - 5PM
Registration	Jason Helgerson Opening Remarks and VBP 101	Introduction to VBP Finance Topics		Q&A		Networking Lunch		Payer & Provider Led Finance Discussion		Q&A	MCO Adjustments Deeper Dive		Q&A Session	Jason Helgerson Closing Remarks 10 Key Considerations to walk away with
				Contracting Best Practices, Lifecycle & Checklist		Networking Lunch				Contracting Best Practices, Lifecycle & Checklist		Q&A		
				SDH/CBO Roadmap Requirements and SDH Strategies		Q&A		Networking Lunch		CBO Contracting and Provider Led SDH Discussion		Q&A		
		VBP Arrangements and Associated Measure Sets (VBP Arrangement Exploration)		Q&A		VBP Arrangements and Associated Measure Sets (Timelines & QM Considerations)		Networking Lunch		MLTC Design & Quality Measures		Q&A		

[VBP Bootcamp 2.0 Course Description]

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VI. VBP Roadmap Changes Update

VBP Roadmap Changes

Workgroup Comment Period for Year 3: VBP Roadmap Changes

- ❑ As outlined in the original CMS approved VBP Roadmap, the State undertakes an annual VBP Roadmap update process.
- ❑ Changes to the VBP Roadmap included minor updates or clarifying language—no major shifts in policy design.
- ❑ VBP Workgroup members were sent the redline VBP Roadmap on September 26th, **comments due back Tuesday, October 10th COB.**
  - ➢ Please send all comments to pcrown@kpmg.com

Next Meeting: October 27th

Next VBP Workgroup Meeting:

- Friday, October 27th
- Time Slot Tentatively: 10:30 am to 3:30 pm