



**Department  
of Health**

Medicaid  
Redesign Team

# **Value Based Payment (VBP) Pilot Webinar: October Update**

October 26, 2017

# Agenda

Topic	Duration
Target Budget Update	10 min
VBP Pilot Program Adjustment Payout Timeline	15 min
VBP Quality Measures: New Guidance	15 min
HCS Accounts Update	10 min
Next Steps and Open Forum	10 min

# Target Budget Update

# Target Budget Calculations Using 2015 Claims Data

- Target budgets calculated based on 2015 claims data will be released in January 2018
- Shortly after the 2015 data release, the State will be able to release target budgets based on 2016 claims data
- **Based on the recent survey results all pilots calculated their own target budgets – thank you!**
  - Our team will be reaching out to you for the Target Budget numbers that have been calculated by the VBP Pilots.

**Note:** *previously communicated stimulus and performance adjustment amounts remain final.*

# **VBP Pilot Program Adjustment Payout Timeline**

# Current Payout Timeline

VBP Pilots will receive financial benefits in the form of stimulus and performance adjustments.

## Summary

- First year's payments are going to be included in the October 2017 premium update.
- Second year's payment will be paid out in 2018 before the end of the program.

# **VBP Quality Measures: New Guidance**

# Measurement Year 2017 Guidance for Cat 1 Measures

The Department has recently finalized the final list of reportable quality measures for MY 2017 and 2018. VBP Pilots need to pay close attention to the Office of Quality and Patient Safety (OQPS) issued guidance in this regard.

## Summary

Category 1 Measures: VBP Pilots will be required to report all Category 1 measure data that the DOH has defined as **reportable** for MY 2017. This will include only a subset of the Category 1 measures.

- **VBP Contractors:** This will require no additional effort to satisfy reporting requirements.
- **MCOs:** OQPS will be requesting attribution files from plans per VBP Arrangement to satisfy reporting requirements.
- **For MCOs and Contractors:** OQPS will be working closely with Pilots to create the infrastructure to address the implementation of measures with additional feasibility challenges beginning in January 2018.
- Details on MY 2017 Reporting Guidance to be provided by the end of October 2017.
- **A number of VBP Pilots did not include all Category 1 Measures in the contracts and thus are not compliant with the program requirements. Please review the new measure sets and ensure you are Roadmap compliant. Please submit contract amendments as appropriate.**



# Guidance for Cat 2 Measures: Requirement Relaxed

Due to the retirement of the following two measures by NCQA: (1) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis and (2) Use of Imaging Studies for Low Back Pain; the State is relaxing the Cat 2 measure reporting requirement for both years of the program.

## Summary

- **For MY 2017:** No Category 2 measures need to be reported.
- **For MY 2018:** Only **one** Category 2 measure needs to be reported.

**VBP Pilots need to ensure that they are in alignment with this guidance.**

# New Roadmap Requirement: Quality and Shared Savings

A new Roadmap change is pending with respect to ensuring that quality is tied to the determination of shared savings in VBP contracts.

## Summary

- **Requirement:** *The list of quality measures agreed upon for calculating shared savings and losses must be included in the MCO's contract. At least one Category 1 pay for performance quality measure, that has been approved by the State, must be used to determine shared savings or losses and listed in the contract. VBP Contractors and MCOs may negotiate to use additional Category 1 and/or Category 2 measures if they choose to do so.*
- **VBP Pilots that are out of compliance should submit a contract amendment to DHPCO to ensure the alignment with the Roadmap.**

# HCS Accounts Update

# HCS Account Set Up

Creating a HCS account is the first step in gaining access to the Medicaid Analytics Performance Portal (MAPP), which houses the VBP Dashboards.

## Pilot HCS Account Set Up

- While some organizations may already have DSRIP HCS accounts, new accounts or designations unique to their VBP entities must be created to permit access to the VBP Dashboards in MAPP
- Once the initial VBP Dashboard Access Form is approved for each VBP contracting entity, the organization will then be able to add their own users to the system

# HCS Account Request Form

## Pilot HCS Account Set Up

- HCS sent an account request form to Account Directors and Coordinators in the last 24-48 hours from [camu.its.ny.gov](http://camu.its.ny.gov).
- Filled out, signed and notarized Director/Coordinator Account Request Form must be sent by mail (DOH requires the hard copy) to: 800 North Pearl Street Room 214 Albany, NY 12204-1899.
- Once the forms are received, DOH will mail Personal Identification Number (PIN) Letter and account activation instructions via USPS mail to each designated Account Director/Coordinator.

# Account Setup Instructions

HPN Document 1 - Schedule 2.A  
Participant Organization Agreement

**DOH/Coordinator completes lines 1 – 6**

1. Name of Participant Organization: **Internal Test Hospital PFI**

2. Address: **123 Test Street**

City: **Albany** ST: **NY** Zip: **12204**

3. Name of Director: **Doc Test**  
Title: **Doc Test**

4. Telephone Number: **555-555-5555** ext. \_\_\_\_\_ Fax: **888-888-8888**

5. Email: **test.e**

6. This replaces who previously signed this agreement for the organization.

**DOH/Coordinator completes line 7; Director signs line 8 in presence of Notary**

I have read and understand the HPN Participant Organization Security and Use Policy (aka Document 1) and the HPN Individual User Security and Use Policy and Application (aka Document 2). I understand that submitting this completed document will result in my being given access to the HPN and assigned the status of HPN Coordinator. I have read Schedule "1.A" and agree that, as the subject HPN coordinator, I will exercise these duties and responsibilities in a timely and effective manner. I have the authority to bind the Participant Organization identified below to these terms and conditions, and I agree to the terms and conditions set forth in this document including its schedules and in Document 2 including its schedules. I will actively use my HPN account to execute my responsibilities as HPN Coordinator in a timely manner. I understand that violation of the HPN policies and procedures as stated may result in revocation of HPN access and possible legal action.

7. HPN User ID (if one exists): \_\_\_\_\_ OR \_\_\_\_\_  
 Month/Day of Birth: **11/30** Temporary Access Word: **keogahn**  
(Used to ensure a unique account)

8. Signature of Organization Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary completes lines 9 – 10**

9. ) ss.: On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument, and that such individual made such appearance before the undersigned in \_\_\_\_\_  
(insert the city or political subdivision and the state the acknowledgement was taken)

10. Notary signature and stamp here: \_\_\_\_\_

Please keep a copy for yourself but send this page to:  
 NYSDOH, CAMU Supervisors, 800 North Pearl Street, Room 214  
 Albany, NY 12204  
 HPN Doc 1 4.0 080504 Confidential – Not for Public Use Page 1 of 1

This is a sample of the account request form PDF that is populated with the data entered.

#7 If:

- a Temporary access word is listed; the person will need it for account activation.

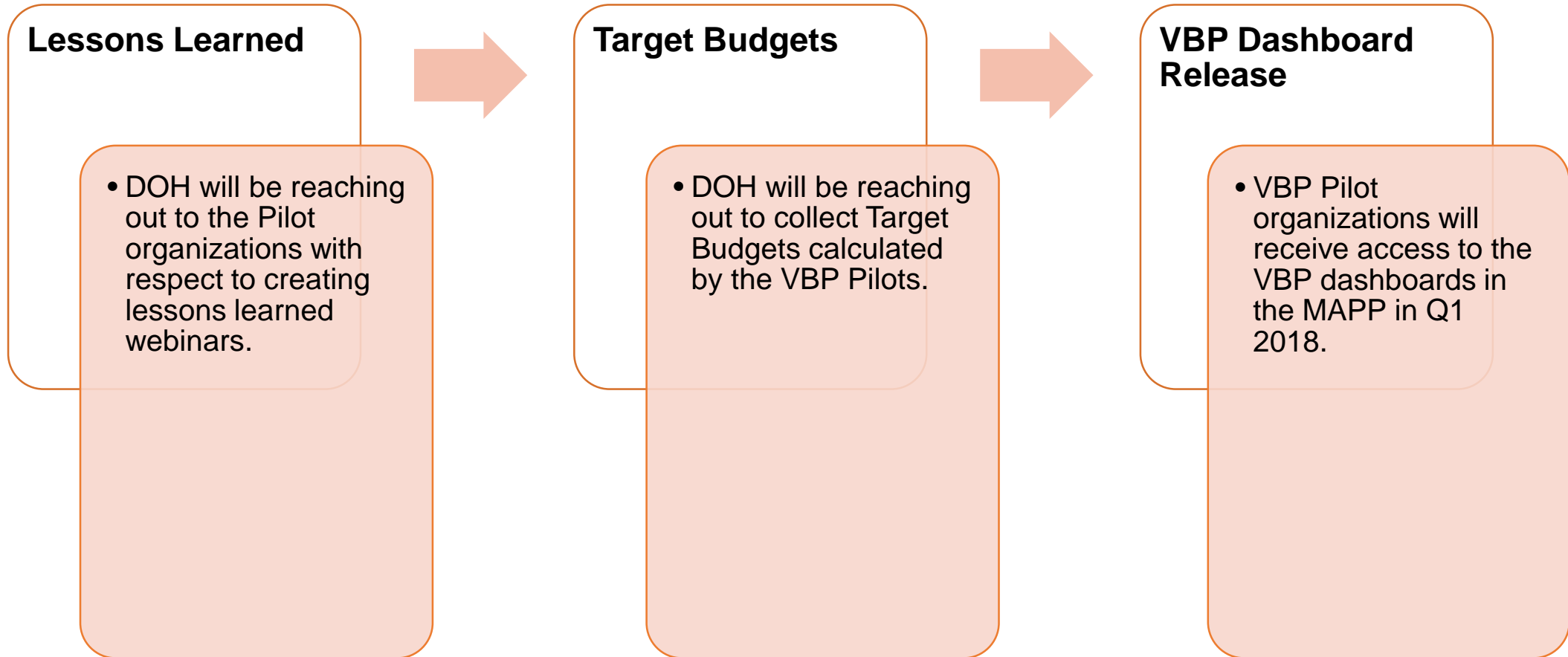
OR

- an ID is listed; the person already has an account.

- Director must sign #8
- Director’s signature must be notarized #9
- Director must keep a copy of the account request form for account activation
- Director must mail the original to the address provided at the bottom left of the form

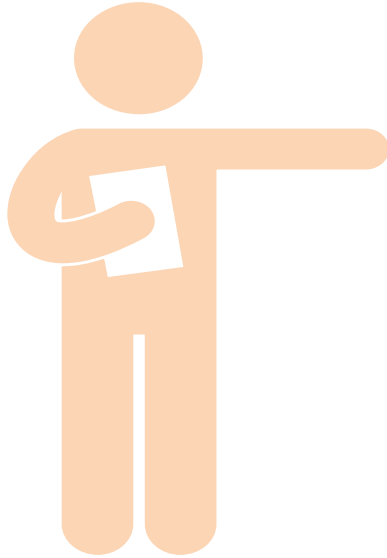
# Next Steps and Open Forum

# Next Steps: Fall / Winter





# Open Forum



Are there any additional areas of support that VBP Pilots would like to see?

Any immediate concerns or questions?

For additional questions, or to share ideas, please contact the VBP mailbox:  
**[vbp@health.ny.gov](mailto:vbp@health.ny.gov)**