

VBP Pilots Update

Agenda

- Program Overview and Current State
- Recent Policy Updates
- DUA and HCS Account Updates
- Payment and Contract Reminders
- Social Determinants of Health
- Quality Measure Test Project
- Next Steps



VBP Pilot Program Overview

VBP Pilot Program is a two-year program intended to create momentum and support the transition to VBP, establishing best practices and sharing lessons learned. It is also intended to test new outcome measures, and where necessary improve design of VBP arrangements. The Pilots are required to:

Adopt on-menu VBP arrangements, as per NYS VBP Roadmap guidelines

Submit a VBP contract (or contract addendum) by April 1, 2017, with a retroactive effective contract date of no later than January 1, 2017 and through December, 2018 (2 year program)

Report on all reportable Category 1 and a minimum of one (1) distinct Category 2 measures for each arrangement being contracted, or have a State and Plan approved alternative

Move to Level 2 VBP arrangements in Year 2 of the Pilot Program

Develop Webinars on lessons learned from the contracting process and participation in the program

Current State

Туре	Provider	Managed Care Organization	Level (Y1)	Status
HARP	Maimonides Medical Center	Healthfirst PHSP, Inc.	1	Approved
	Mount Sinai Health Partners	Healthfirst PHSP, Inc.	1	Approved
IPC	Community Health IPA	Affinity Health Plan, Inc.	1	Approved
TCGP	Greater Buffalo United ACO	Yourcare Health Plan, Inc.	1	Approved
	Somos Your Health IPA	Affinity Health Plan, Inc.	2	Approved
	Somos Your Health IPA	HealthPlus HP, LLC	2	Approved
	Somos Your Health IPA	New York State Catholic Health Plan, Inc.	2	Approved
	Somos Your Health IPA	Healthfirst PHSP, Inc	1	Approved
	Somos Your Health IPA	United Healthcare of New York, Inc.	2	Pending
	Somos Your Health IPA	Wellcare of New York, Inc.	2	Approved
	St. Joseph's Hospital Health Center	New York State Catholic Health Plan, Inc.	1	Approved
	St. Joseph's Hospital Health Center	Molina Healthcare of New York, Inc.	1	Approved



Recent Policy Updates



Recent Policy Updates

Quality Measure Reporting

Originally, the Pilots were to report on at least 2 distinct Category 2 measures. Through the Feasibility Taskforce it became clear that the Pilots would not be able to achieve the originally required measure reporting. Instead, participants will report only one Category 2 measure of their choice for year 2.

Category 1 Measures: VBP Pilots are required to report all Category 1 measure data that the DOH has defined as reportable for Year1. Pilot participants will also report Controlling High Blood Pressure (Category 1) as part of a Quality Measure Testing Project.

MAPP Portal Access

Early MAPP portal access and data analysis is expected to be available in July 2018.

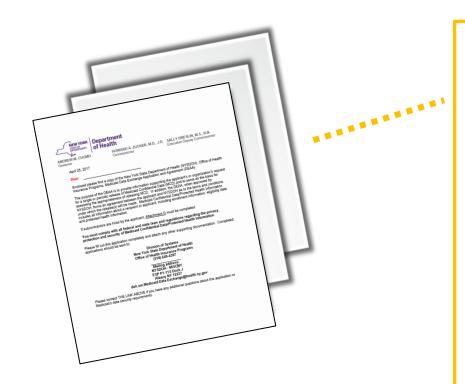
The Pilot team will communicate notices regarding HCS account access to the Pilot participants depending upon DUA process.



DUA and HCS Account Updates



UPDATE: Date Exchange Application Agreement



- A DUA is required from all Pilot provider organizations and MCOs in order for the State to share Medicaid data with VBP Pilot participants
- MCOs should complete a DUA in order to access VBP Dashboards when they go live
 - MCOs can still receive data from their Pilot providers so long as the partners have a BAA in place

HCS Account Setup

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



Payment and Contract Reminders



Pilot Adjustment Payouts

➤ New Target Budgets based on the 2015 claims data is scheduled for release in March 2018.

> Year 1 payments to the Pilot participants will begin to be paid in March 2018 over a 6-month period.

➤ Year 2 payments to the Pilot participants will be in the April 2018 rates and paid over a 6-month period.

➤ The Pilot team will conduct quarterly interviews with the Pilot organizations during Year 2 of the program to ensure continued implementation.



Contracting

➤ All Year 2 contracts must be sent to contract@health.ny.gov by March 31, 2018 with "VBP Pilot" in the subject line

➤ Please use on-menu checklist to complete Year 2 contracts. Checklist can be found: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_initiatives/docs/on-menu_checklist.pdf

➤ Effective January 1, 2018, all Year 2/Level 2 contracts are required to include one social determinant of health intervention.

As of March 31, 2018, a Level 2 contract cannot be reported by the MCO on the VBPTR Survey without the defined SDH components within the contract. Failure to produce the SDH components in a Level 2 contract could result in the possibility of additional penalty.

Social Determinants of Health



Bureau of SDH: 2018 Goals

Implement the VBP
Roadmap
Requirements
Related to SDH and
CBOs

- Review VBP Level 2 and 3 Contracts and Amendments
- Track SDH Interventions and CBO
- Provide support and technical assistance

Begin CBO SDH Regional Meetings

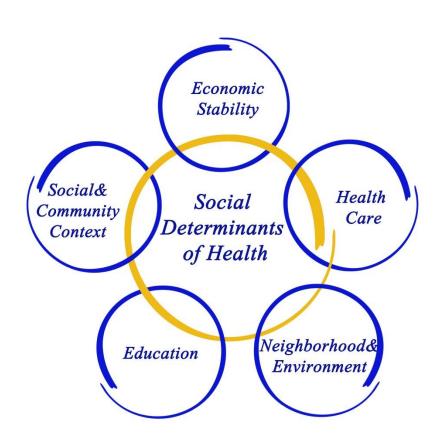
- Regional meetings with MCOs, VBP contractors, CBOs, & health care providers
- Maximize CBO and SDH interventions in the health care system.

Improve SDH
Measures in
Population Health and
Payment Reform

- Increase data collection on SDHs (i.e. electronic health records)
- Standardize SDH Quality Measures and incorporating into QARR
- · Risk Adjustment MMC Plans for SDH

Create a New Housing Referral Process

- Integrate MRT SH with PPSs, VBP Contractors, and Health Systems
- Create a plan to expand to families to align with the First 1,000 Days





CBO Engagement and Integration

CBO Survey was released earlier this year. The survey is used to understand CBO integration with the NYS VBP program and use information provided to build a public inventory of Tier 1, 2 and 3 CBOs that can be used to facilitate VBP contracting.

Total Responses:

> 369 Respondents to date

CBO Tier Designation:

- > Tier 1: 29%
- > Tier 2: 14%
- > Tier 3: 48%

Have you met with a MCO/VBP Contractor to determine your role in VBP?

- > 45%- Have met with an MCO and VBP Contractor
- > 12%- Currently participating in an SDH Intervention to support a VBP arrangement
- CBO Directory is posted on the <u>VBP Resource Library</u> under Social Determinants of Health and Community Based Organizations. Directory is updated bi-weekly.

of Health

OPPORTUNITY.

MCO Contracting Compliance Tracker

To track progress towards compliance for VBP Level 2 and 3 contracts, DOH developed SDH-CBO Contracting Tracker

MCOs are asked to submit monthly status updates on CBO contracting progress and the SDH interventions being implemented

Nine major MCOs responded and have had discussions with over 200 CBOs as part of VBP contracting

MCOs have executed contracts with CBOs in NYC, Suffolk, Nassau, and Erie counties to implement SDH interventions.

Interventions include: Transportation; Isolation and Lack of Community Support; Health Education on Asthma Management; Home Environment Assessment; Nutritional Case Management; Food Insecurity (food farmacy initiative, fresh box program); Access to Health Care.



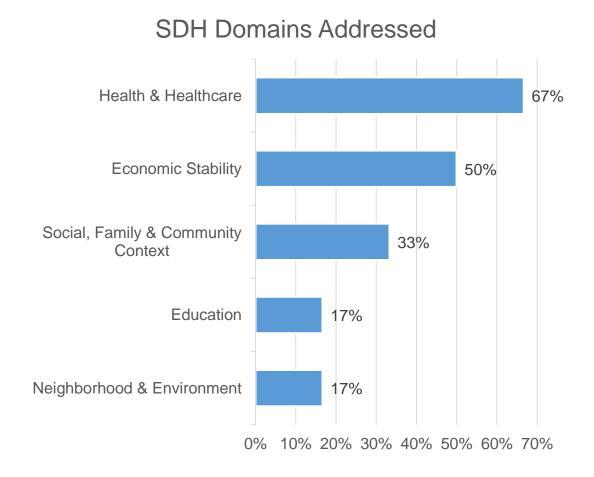
SDH Survey Results

Only Four (4) survey respondents identified a total of only six (6) SDH interventions.

Based on survey responses, respondents are in the early implementation phase of their interventions and are still in the process of understanding each intervention's full impact.

It is very important that we receive meaningful responses to the SDH survey and all communication.

As Pilot organizations the State is relying on the information gathered through your efforts to ensure a smooth transition to VBP throughout the State.





Quality Measure Test Project



Current State Snapshot- Overview

- A summary report of the relevant internal quality measurement activities, processes, and systems that impact, directly or indirectly, your organization's ability to share clinical data and report the Controlling High Blood Pressure measure for your VBP arrangement at the VBP contractor level.
- Some questions may pertain more broadly to the way your organization collects clinical data or calculates quality measures, while others may be specific to the VBP Arrangement in which you participate. Special instructions have been provided for those questions where responses will need to be specified by VBP Arrangement.
- There are two different sets of questions for MCOs and VBP Contractors



Testing Parameters

- MCOs will calculate the denominator using the eligible population for the Controlling High Blood Pressure (CBP) measure
 - NCQA has just released newly proposed recommendations to add an Administrative Specification to use the eligible population for the denominator and use administrative data for numerator
 - Where possible, the Testing project will take into consideration the proposed HEDIS recommendations to help determine the measure specifications used for the project
- MCOs will share information for VBP-attributed members included in the eligible population with providers in their VBP contracts
- VBP Contractors and MCOs will then work together to identify the necessary clinical data elements for patient blood pressure readings and design a common reporting format to share this data to populate numerator compliance



How will this information be used?

Document the current state for how MCOs and providers share member and clinical data for HEDIS measurement

- Help project stakeholders understand the various data, systems, and processes used for VBP quality measurement or HEDIS
- o Identify the availability of clinical data that can be used for quality measurement
- Ensure project stakeholders understand the limitations and challenges in using these data and systems

Share current state findings

- o Draft a Current State Report for how MCOs and providers share data for quality measurement
- Engage QEs, third parties, and other stakeholders to better support a VBP use case for quality measurement or HEDIS

Develop project recommendations and requirements

- o Align project requirements to newly proposed HEDIS specifications, where possible
- o Develop standards for data formats, transport methods, etc. so data is available and useable
- o Identify policy levers that can be used to support ongoing quality measurement



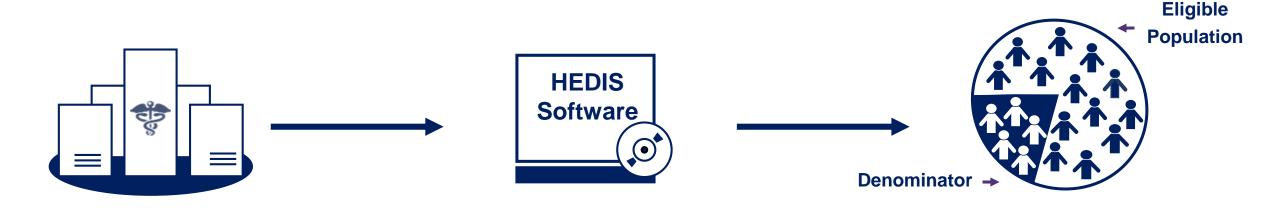
Current State Snapshot- General Questions

- Description of your organization
- Description of your organization's existing VBP activities to help the State align project activities, milestones, and reporting protocols to reduce unnecessary project burden
- Attribution method used for your organization
- Use of third parties to help with quality measurement and whether or not they will be potentially included as a partner for your project



Eligible Population and Denominator

Exclusions



Health Plan

 Understand health plan ability to identify the eligible population without sampling using a new administrative method for Controlling High Blood Pressure

Use HEDIS Software to Calculate E-pop

Age 18-85 years of December 31

Continuous Measure year (MY) with no more than one gap in continuous enrollment of up to 45 days

Event/ Two outpatient visits during first six months of MYDx or year prior w/ Dx of Hypertension (HTN)

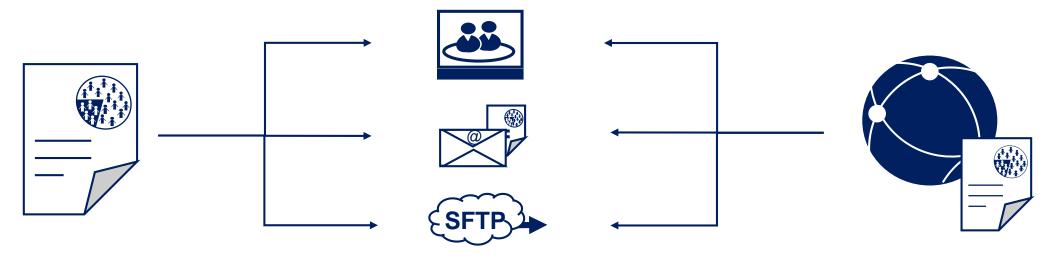
Members in hospice care, w/end-stage renal disease (ESRD), pregnant, or had nonacute inpatient admission during measure year

VBP-attributed Denominator

 Understand health plan ability to stratify eligible population to only include VBP-attributed members for the denominator



Sharing Member Data with VBP Contractors



Member Enrollment Data

 Understand the manners in which health plans share member enrollment information with their VBP Contractors

Methods for Sharing Enrollment Data

How do they share • data? •

- MCO-owned provider portals
- Secure email
- SFTP sites

What data elements do they share?

- CIN, demographic, measures results for gap in care reports
- What formats?
 - · Flat files, PDF, etc.

What frequency do they share data?

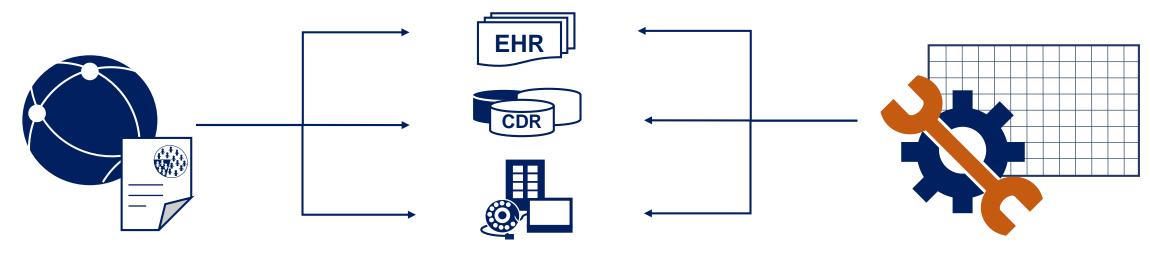
Monthly, quarterly, etc.

VBP Contractor Intaking Data

 Understand VBP Contractor ability to intake member data



Aggregating, Extracting, and Sharing Clinical Data



Understand VBP
 Contractor ability to aggregate, extract, and configure clinical data to support measurement

VBP Contractors

Sources and Availability of Clinical Data

Sources of Clinical

- EHRs
- Data Clinical Data Repository (CDR)
 - Third parties (e.g., QEs, data aggregators

Available Data •

 Do these sources have data to use for measurement (e.g., BP values)?

Aggregating Data •

• Can this data be aggregated?

Extracting Data

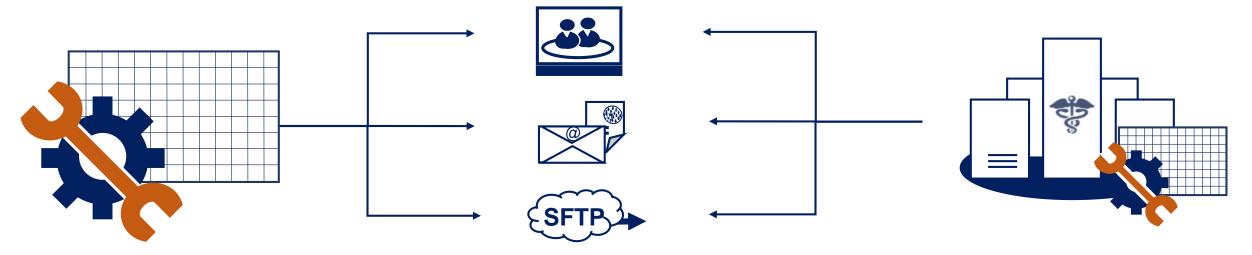
Into what format is data extracted?

Supporting Supplemental Data

Understand VBP
Contractor ability to extract relevant clinical data and transform the data to support HEDIS measurement



Supplemental Data Feeds



Supplemental Data Feeds

 Understand how clinical data from VBP Contractors needs to be configured for supplemental data for HEDIS

Establishing Supplemental Data Feeds

Intaking Supplemental

MCO-owned provider portals

Secure email

Data • SFTP sites

Data Format •

 What formats are used for supplemental data (e.g., flat file)?

Data Elements •

 What are data are the data elements that can be shared?

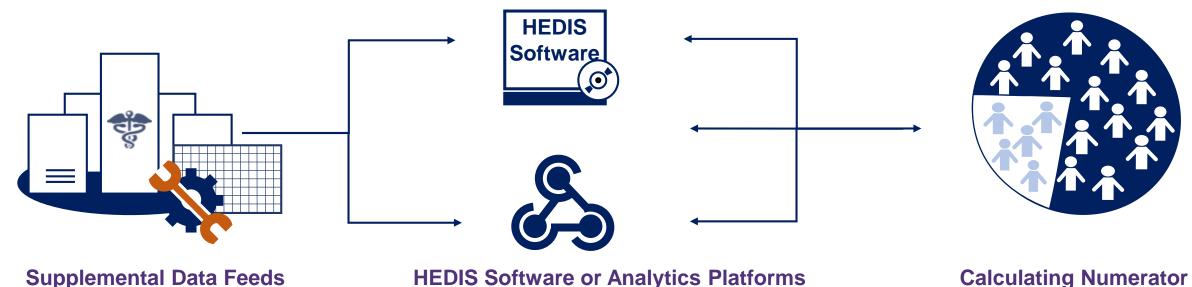
Frequency • How often is this data taken in?

Supporting Supplemental Data

 Understand how MCOs can use these supplemental data feeds within their existing systems to support HEDIS



Supplemental Data Feeds



 Understand how health plans will intake this data to calculate numerator compliance Systems to intake supplemental data to calculate the measure

Can MCOs use their HEDIS Software, analytics platform, or third party to help calculate measure results?

Calculating Numerator Compliance

 Understand how MCOs can use these systems to calculate numerator compliance



Next Steps

		March			April			May							
Activities	Responsibility	W1	W2	W3	W4	W5	W1	W2	W3	W4	W1	W2	W3	W4	W5
Send Snapshot Questions	• NYSTEC		3/9												
Draft Snapshot Responses	VBP Participants						4/6								
Share Snapshot Responses with VBP Counterparts and the State	• NYSTEC							4/13							
Draft a Current State report to be shared with project stakeholders	• NYSTEC										5/4				
Ongoing meetings with Testing Participants to assist with project planning and implementation	• NYSTEC/VBP Participants														



Next Steps



Next Steps

- > The Pilot team will conduct quarterly interviews with the Pilot organizations during Year 2 of the program to ensure continued implementation.
- > The Pilot Team will be reaching out to schedule Lessons Learned Webinars
- > The Pilot Team will be reaching out to determine progress towards Tier One CBO contracts
- Quality Measure Test Project
 - Work with Testing Participants to develop a project plan
 - Work with Testing Participants to develop Current State Snapshot of the various activities supporting VBP quality measurement
 - Formal Kickoff with all Testing Participants in late March to share relevant findings and provide additional project requirements

Failure to comply with the VBP Pilot Program requirements may result in recoupment of funds made available to VBP Pilot participants



Additional Reference Materials

VBP Support Materials

VBP Resource Library – Final CAG Reports:

- Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library Final CAG Reports
- Link:
 <u>https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/vbp_final_cag_reports.htm</u>

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