



**Department
of Health**

**Medicaid
Redesign Team**

VBP Workgroup Meeting

October 18, 2016

Agenda

I. CAG Update and recommendations:

- **Chronic Heart Conditions**
 - **Pulmonary Conditions**
 - **Diabetes**
- } Utilized in the IPC and TCGP VBP arrangements

II. Pilot Update

III. Innovator Program Update

The IPC Measure set: Measures proposed by more than one CAG

Measures recommended by more than one CAG

No.	Measure	CAG	Relevant Chronic Condition	Reporting Source	State Recommended Category	P4R
1	Controlling Blood Pressure	Chronic Heart; Diabetes	Diabetes; Hypertension; Coronary Artery Disease	State	1	No
2	Potentially Avoidable Complications	Chronic Heart; Diabetes; Pulmonary	All included chronic conditions	State	1	No
3	Statin Therapy	Chronic Heart; Diabetes	Diabetes, Coronary Artery Disease	State	1	No
4	Proportion of Days Covered (PDC): three rates by therapeutic category (RAS antagonists, diabetes medication or statins)	Chronic Heart; Diabetes	Coronary Artery Disease, Heart Failure, Hypertension, Diabetes	State	1	No
5	Angiotensin-Converting Enzyme (ACE) inhibitor or Angiotensin Receptor Blocker (ARB) therapy	Chronic Heart; Diabetes	Diabetes, Heart Failure	VBP Contractor	2	Yes

The IPC Measure set: Chronic Heart Conditions CAG Recommendations

CAG Recommended Episode Definitions and Quality Measures

Chronic Heart Disease CAG

The following CAG members met over multiple sessions to discuss the chronic heart disease condition.

Chronic Heart Disease CAG Members	
Robert Frankel, MD	William Streck, MD
Randolph Marshall, MD	Margaret Casey, RN, MPH
Sheila Anane, MPH	Alda Osinaga, MD
Hang Pham-singer	David Lichtenstein, MD
Edison (Eddie) A. Machado, Jr., MD, MBA	Anne Schettine, RN
Wilson Quezada, MD	Susan Beane, MD
Kelly Kyanko, MD	Loretta B. Willis, RN, BS, CPHQ, CCM
Robert Schiller	Bill Pagano, MD, MPH
Dean Joseph Limeri, MD	James P. Rolla (Monitor)
Tara Buonocore-Rut	Liz Dears, Esq
Pat Shafer	Valerie Grey
Fred Venditti, MD	Karen Smoler Heller
Kimberly Zammit, PharmD, BCPS, FASHP	

Episode definitions for chronic heart conditions: CAG Recommendation

Consistent with the CAG recommendations, the State recommends the following definitions:

- Arrhythmia, Heart Block, or Conduction Disorder episode
- Coronary Artery Disease (CAD) episode
- Heart Failure episode
- Hypertension episode

Population Included

- Includes all members, between 18 and 65 years old, with a qualifying trigger code*.
- Qualifying trigger codes include office visits, admissions or procedures associated with the episode diagnosis

Episodes Definition

- The episodes include all services (inpatient admissions, outpatient visits, professional services, laboratory tests, imaging, medication) associated with the care for the condition (as long as the member remains enrolled)
- Services for exacerbations, short and long term complications of the condition are included

* A qualifying trigger code is a ICD-9 or 10 /CPT/HCPCS code. See episode definitions here: http://www.hci3.org/programs-efforts/prometheus-payment/evidence_informed_case_rates/ecrs-and-definitions

Chronic Heart Conditions - Measures

The CAG recommends the following quality measures for use in the IPC arrangement.*

No.	Measures	Reporting Source	State Recommended Category	P4R
CAG: Category 1				
1	Heart Failure and Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction (LVEF < 40%) (Heart Failure and Coronary Artery Disease)	VBP Contractor	1	Yes
2	Heart Failure: Left ventricular ejection fraction assessment (LVEF) (Outpatient Setting)	VBP Contractor	2	Yes
3	Heart Failure: Post-discharge appointment	VBP Contractor	2	Yes
4	Heart Failure: Post-discharge evaluation	VBP Contractor	2	Yes
CAG: Category 2				
5	Arrhythmia: Assessment of thromboembolic risk factors (CHADS2)	VBP Contractor	2	Yes
6	Heart Failure: Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following HF hospitalization for patients 18 and older	State	3**	
7	Heart Failure: In hospital mortality rate	State	3**	

* Measures recommended by more than 1 CAG are not repeated here (see slide 4). For prevention measures see Appendix.

** Numbers too small in non-dual Medicaid population to result in reliable measures

The IPC Measure set: Pulmonary Conditions CAG Recommendations

CAG Recommended Episode Definitions and Quality Measures

Pulmonary VBP CAG

The following CAG members met over multiple sessions to discuss the pulmonary condition.

Pulmonary CAG Members	
Renee Golderman, RN	Kira Geraci Ciardullo, MD, MPH
Clifford Waldman, MD	Sheila Anane, MPH
Acklema Mohammad, MD, AE-C	William Streck, MD
Pascale Kersaint, MD	Lynley Siag, MPH, MPA, CHES
Maria Mantione, PharmD	Laura O'Shea, MPH
Thomas Smith, MD	Anne Schettine, RN
Michael Apostolakos, MD	Valerie Grey
Nora Novich	Liz Dears, Esq
Tim Scanlon, RRT	Karen Smoler Heller
Dean Joseph Limeri, MD	

Episode definitions for pulmonary conditions: CAG Recommendation

Consistent with the CAG recommendations, the State recommends the following definitions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)

Population Included

- Asthma includes all members, between 2 and 65 years old, with a qualifying trigger code*.
- COPD includes all members, between 18 and 65 years old, with a qualifying trigger code*.
- Qualifying trigger codes include office visits, admissions or procedures associated with the episode diagnosis

Episode Definition

- The episodes include all services (inpatient admissions, outpatient visits, professional services, laboratory tests, imaging, medication) associated with the care for the condition (as long as the member remains enrolled)
- Services for exacerbations, short and long term complications of the condition are included

* A qualifying trigger code is a ICD-9 or 10 /CPT/HCPCS code. See episode definitions here: http://www.hci3.org/programs-efforts/prometheus-payment/evidence_informed_case_rates/ecrs-and-definitions

Pulmonary Conditions – Measures

The CAG recommends the following quality measures for use in the IPC arrangement.*

No.	Measure	Reporting Source	State Recommended Category	P4R
CAG: Category 1				
1	Asthma and COPD: Lung Function/Spirometry Evaluation	State	1	Yes
2	Asthma: Medication management	State	1	Yes
3	Asthma: Assessment of Asthma Control – Ambulatory Care Setting	State	2	Yes
4	Asthma: Patient Self-Management and Action Plan	VBP Contractor	2**	Yes
5	Asthma: PDI #14 Pediatric Admission Rate	State	3***	
6	Asthma: PQI #15 Younger Adults Admission Rate	State	3***	
CAG: Category 2				
7	Asthma: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	VBP Contractor	2	Yes
8	COPD: Functional Capacity in patients before and after Pulmonary Rehabilitation	VBP Contractor	3***	
9	COPD: Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following COPD Hospitalization	State	3***	

* Measures recommended by more than 1 CAG are not repeated here (see slide 4). For prevention measures see Appendix.
 ** Measure managed by private registry that charges for use. Inclusion in this list does not imply endorsement by the State
 *** Incidence too low in Medicaid population for reliable measurement. PQIs are included in the Potentially Avoidable Complications (PAC) measure.

The IPC Measure set: Diabetes CAG Recommendations

CAG Recommended Episode Definitions and Quality Measures

Diabetes VBP CAG

The following CAG members met over multiple sessions to discuss the diabetes condition.

Diabetes CAG Members	
Bill Pagano, MD, MPH	Dean Joseph Limeri, MD
Virginia Peragallo-Dittko, RN, BC-ADM, CDE, FAADE	Sharon Deans, MD, FACOG
John Navarra, RPh	Nerissa Cheng, RN, BSN
Lisa Phillips, BS, PharmD, CACP	Tara Buonocore-Rut, MHA, LNHA
Richard Soden, OD, FAAO	Susan Millstein, LCSW, MPH
Robert Morrow, MD	Alda Osinaga, MD
James Desemone, MD	Doug Fish, MD
Jacqueline Javier-Burns	Anne Schettine, RN
Kelly Kyanko, MD	Karen Smoler Heller
John C. Dickinson, MD	Valerie Grey

Episode definitions for diabetes condition: CAG Recommendation

Consistent with the CAG recommendations, the State recommends the following definitions:

Population Included

- Includes all members, between 5 and 65 years old, with a qualifying trigger code*.
- Qualifying trigger codes include office visits, admissions or procedures associated with the episode diagnosis

Episode Definition

- The Diabetes episode includes all services (inpatient, outpatient, ancillary, laboratory, radiology, pharmacy, and professional billing services) related to the care for diabetes.
- Services for exacerbations, short and long term complications of the condition are included

* A qualifying trigger code is a ICD-9 or 10 /CPT/HCPCS code. See episode definitions here: http://www.hci3.org/programs-efforts/prometheus-payment/evidence_informed_case_rates/ecrs-and-definitions

Diabetes – Measures

The CAG recommends the following quality measures for use in the IPC arrangement.*

No.	Category 1 Measures	Reporting Source	State Recommended Category	P4R
CAG: Category 1				
1	Medical Attention for Nephropathy	State	1	No
2	Hemoglobin A1c (HbA1c) testing performed	State	1	No
3	Hemoglobin A1c (HbA1c) Poor Control (<8.0 or >9.0%)	State	1	Yes
4	Eye Exam (retinal) performed	State	1	No
5	Foot Exam	State	1	No
6	Composite measure: Comprehensive Diabetes Care (combination of Diabetes measures above)	State	1	No
CAG: Category 2				
7	Optimal Diabetes Care (Composite Measure)	State	3**	
8	Rate of Lower-Extremity Amputation Among Patients With Diabetes (PQI 16)	State	3***	

- Measures recommended by more than 1 CAG are not (see slide 4). For prevention measures see Appendix.
- ** Measure not in APC or QARR. Large overlap with existing measures.
- *** Incidence too low to be reliable. Is also included in PAC measure.

Next Steps

- The State seeks feedback on the measures as well as the episodes presented here.
- Please provide your written comments on the definition and quality measures for each arrangement no later than November 1.
- Please submit your comments by November 1, 2016, to amandaghezzi@kpmg.com

Current Status of CAG Reports

Clinical Advisory Group	Associated VBP arrangement	Status of Report
Maternity	Maternity Bundle	Published on DOH website*
HIV/AIDS	HIV/AIDS Subpopulation	Published on DOH website*
Chronic Heart Disease, Pulmonary, Diabetes (Chronic Conditions)	Integrated Primary Care (IPC): Chronic Bundle	Being reviewed by VBP Work Group.
Health and Recovery Plan (HARP) and Behavioral Health Chronic Conditions	HARP Subpopulation	Being presented at the November VBP Work Group Meeting
Managed Long-Term Care (MLTC)	MLTC Subpopulation	Draft under development
Intellectually/Developmentally Disabled (I/DD)	I/DD Subpopulation	Draft under development

* Website address: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/vbp_final_cag_reports.htm

II. Pilot Program Update

Pilot Program Update

Providers and payers throughout the State have been engaged to implement pilot demonstrations of the various VBP arrangements:

- Engaged each other to develop VBP contracting networks, and submitted their NPI lists
- Received and analyzed data, which strengthened their understanding of their attributed populations.
 - Gained key insights into potential for shared savings and quality improvements
- Validated data for the various VBP arrangements. This included attributed member volume, service mix, in- and out-of-network care use, efficiency and quality outcomes per VBP arrangement.
- Pilot candidates are geographically diverse and include variation in type of VBP arrangement and level.
- Pilots have committed to transitioning to Level 2 by second year of the Pilot program.

Lessons learned:

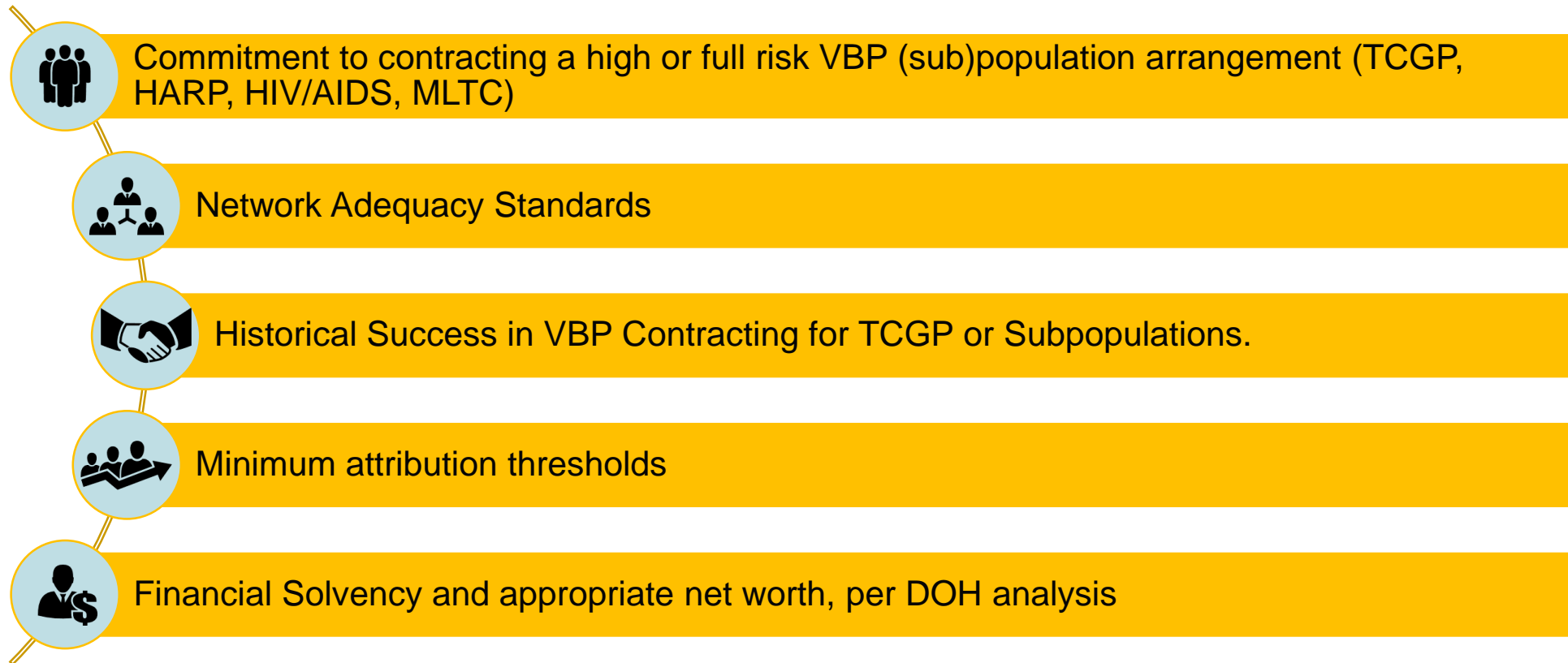
- Challenges and opportunities in creating a VBP contracting entity (the role of the attribution-driving provider; governance; engaging with MCO as a new entity)
- How can community based organizations, behavioral health providers and other (small) providers effectively engage with a potential VBP contractor?
- How MCOs and VBP contractors can work together to help each other reach their goals

Lessons learned will be distributed through webinars, guiding documents, contracting checklists, amongst others.

III. Innovator Program Update

Innovator Program

Innovator program application is currently being finalized. In order to become an Innovator, the Roadmap states that applicants will need to demonstrate 5 criteria:



Application Requirements - Draft

Applicants will be asked to demonstrate satisfaction of each of the 5 criteria in the following ways:



Commitment to contracting a high or full risk VBP subpopulation arrangement (TCGP, HARP, HIV/AIDS, MLTC)

- Existing VBP Arrangements: health plan(s), level, scope, dollar amount at risk
- Proposed VBP Arrangements: health plan(s), level, scope, dollar amount at risk



Network Adequacy Standards

- NPI list of attribution-driving providers (PCPs, Health Homes)
- Narrative description of breadth and depth of provided care; explanation of how this adequately meets the needs of Medicaid community served
- Attestation that Innovators will not implement measures that limit patient choice (including access to providers outside Innovator's network)



Historical Success in VBP Contracting for TCGP or Subpopulations.

- Narrative description of VBP experience with comparable Medicaid, Medicare, or other programs, whether by applicant or significant members of applicant, showing either:
 - Two or more years of experience with a Level 2 or 3 type VBP program
 - Three or more years of experience with a Level 1 type VBP program
- In both cases, the Innovator will have to demonstrate that both financial and quality results were positive throughout these years

Application Requirements (cont'd) - Draft

Applicants will be asked to demonstrate satisfaction of each of the 5 criteria in the following ways:



Minimum attribution thresholds

- Attribution will be calculated by DOH based on NPIs provided
 - Minimum Thresholds: TCGP = 25,000; HARP, HIV/AIDS, MLTC = 5,000



Financial Solvency and appropriate net worth, per DOH analysis

- Provision of Historical Financial Statements
- Current year pro forma information with provided template and CEO/CFO attestation
- Attestation of ability to meet Financial Security Deposit
- Objective of solvency review is to ascertain whether proposed dollar amount at risk can be approved:
 - Based on proposed contract size, payer mix, and total attribution, DOH will confirm proposed amount of risk and compare to financial information provided and/or letter(s) of credit
 - Level of financial solvency required will align with existing contract review criteria (Tiers 2-3) as included in the Roadmap, and will include financial security deposit and/or reserve requirements.
 - For Level 2 arrangements, a limited discount will be applied to the required deposit/reserve based on the proportion of remaining MCO administered payments
 - DOH remains committed to discussing with DFS and other stakeholders how to mitigate risks of duplicative reserves between plans and Innovators

Next VBP Workgroup Meeting and Agenda

The next VBP Workgroup meeting will be held on **November 29 from 1:00 – 3:00**

The agenda will be as follows:

- Review of HARP and Behavioral Health Chronic Condition Quality Measures
- VBP Pilot Program Update

Next Steps:

Please submit any comments on the Clinical Advisory Group quality measures to amandaghezzi@kpmg.com by Tuesday, November 1.

Appendix

The IPC Measure set: Prevention measures

Developed by Advanced Primary Care (APC) Integrated Care Workgroup as part of the State Health Innovation Plan (SHIP)

Primary Prevention Measures

Advanced Primary Care Measure set

No.	Measure	Reporting Source	State Recommended Category	P4R
1	Breast Cancer Screening	State	1	No
2	Cervical Cancer Screening	State	1	No
3	Chlamydia Screening for Women	State	1	No
4	Topical Fluoride for Children at Elevated Caries Risk, Dental Services	State	1	No
5	Childhood Immunization Status	VBP Contractor	1	No
6	Colorectal Cancer Screening	VBP Contractor	1	Yes
7	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	VBP Contractor	1	Yes
8	Preventive Care and Screening: Influenza Immunization	VBP Contractor	1	Yes
9	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	VBP Contractor	1	Yes
10	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	VBP Contractor	1	Yes
11	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	VBP Contractor	1	Yes