HIV Quality Advisory Committee Meeting

VBP Arrangements and Quality Measurement
Agenda

**VBP Arrangement Exploration & What it Means for a Provider**
- Core Components
- Quality Measurement
- Target Budget Adjustments and Distribution of Shared Savings

**VBP Measure Set Development & Implementation**
- Intro to VBP Quality Measure Set Development and Implementation: Approach and Timeline
- Measure Set Development and Maintenance

**AIDS Institute’s Quality Advisory Committee and HIV VBP Clinical Advisory Group**
Top 10 Provider Considerations
Top 10 Provider Considerations

1. **Each VBP Arrangement has an associated VBP Measure Set** identified by the Clinical Advisory Groups and accepted by the State; these measures include those to be reported to the State and are those intended to be used in the determination of shared savings for which VBP contractors are eligible.

2. **VBP Contractors should tailor the arrangement** they contract **based on** the services they provide and can impact. E.g. the Total Care for the General Population (TCGP) arrangement may be more suited for larger providers, the Integrated Primary Care (IPC) arrangement for smaller providers.

3. **Quality outcomes are measured on the members/patients who are attributed to an arrangement** (in most cases via a primary care practitioner); for this **reason care coordination amongst providers is key**.

4. **VBP Contractors must decide** if they want to **contract for** arrangements that cover the **total cost of a person** (population-based agreements) **or** total cost of **clinical events** (episodic-based agreements (IPC and Maternity)); this decision may largely be informed by the arrangement type by which providers are most able to impact the generation of shared savings.

5. **Quality is given a strong emphasis in VBP; even if a provider is efficient, no savings will be earned without meeting minimum quality thresholds.**

* This is a VBP Roadmap guideline that ultimately is subject to negotiation between Plans and Providers. Plans rates will be adjusted based on this guideline, so it anticipated that these incentives will trickle down to Plan-to-Provider contracts.
6. **Most** of the Category 1 **quality measures** are measures **already reported by providers and MCOs** for other quality improvement initiatives.

7. The entirety of Measurement Year 2017 VBP Measure Sets contain **5 Category 1 P4P measures** that are **currently not in QARR**.** This potentially means less of an administrative burden for providers.

8. **Quality performance adjusts the target budget** set by the MCO and VBP Contractor at the **beginning of the contracting period**: High/low quality = higher/lower target budget*

9. **Quality performance is a factor in determining percentages of savings / losses** shared with the VBP contractor at the end of the contracting period.*

10. **Providers should look at the quality measure sets** and make sure their networks are designed to address them.

* This is a VBP Roadmap guideline that ultimately is subject to negotiation between Plans and Providers. Plans rates will be adjusted based on this guideline, so it anticipated that these incentives will trickle down to Plan-to-Provider contracts.

** New York’s Quality Assurance Reporting Requirements (QARR) measures are part of the quality component of QI Program. QARR includes National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), and NYS-specific measures.
VBP Arrangement Exploration & What it Means for a Provider

Core Components
VBP Arrangements

There is no single path towards Value Based Payments. Rather, there are a variety of options from which MCOs and providers can jointly choose:

Arrangement Types

- **Total Care for the General Population (TCGP)**: All costs and outcomes for care, excluding MLTC, HARP, HIV/AIDS, and I/DD* subpopulations.
- **Total Care for Special Needs Subpopulations**: Costs and outcomes of total care for all members within a subpopulation exclusive of TCGP.
  - **HARP**: For those with Serious Mental Illness or Substance Use Disorders
  - **HIV/AIDS**
  - **Managed Long Term Care (MLTC)**
  - **I/DD***
- **Episodic Care**
  - **IPC**: All costs and outcomes associated with primary care, sick care, and a set of chronic conditions selected due to high volume and/or costs.
  - **Maternity Care**: Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for mother.

VBP Contractors can contract TCGP as well as Subpopulations as appropriate; nothing mandates that the Roadmap-defined arrangement types must be handled in standalone contracts.

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

Acronyms: MLTC = Managed Long Term Care; HARP = Health and Recovery Plans; I/DD = Intellectually/Developmentally Disabled
Total Care for Special Needs Subpopulations

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

- Subpopulations include:
  - HIV/AIDS
  - Health and Recovery Plans (HARP)
  - Managed Long Term Care (MLTC)*
  - Intellectual and Developmental Disabilities (I/DD)*

- All services covered by the associated managed care plans are included, and all members fulfilling the criteria for eligibility to such plans are included.

- Quality measures include both HIV-specific measures, as well as general health measures.

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

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Total Population  
TCGP  
Subpopulations*

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* Arrangements are still being developed as of 4/6/17.
VBP Arrangement Exploration & What it Means for a Provider

Quality measurement & the role of measures
VBP Refresher: VBP Levels

In addition to choosing which integrated services to focus on, the MCOs and contractors can choose different levels of Value Based Payments:

<table>
<thead>
<tr>
<th>Level 0 VBP</th>
<th>Level 1 VBP</th>
<th>Level 2 VBP</th>
<th>Level 3 VBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS with bonus and/or withhold based on quality scores</td>
<td>FFS with upside-only shared savings available when outcome scores are sufficient</td>
<td>FFS with risk sharing (upside available when outcome scores are sufficient)</td>
<td>Prospective capitation PMPM or Bundle (with outcome-based component)</td>
</tr>
<tr>
<td>FFS Payments</td>
<td>FFS Payments</td>
<td>FFS Payments</td>
<td>Prospective total budget payments</td>
</tr>
<tr>
<td>No Risk Sharing</td>
<td>↑ Upside Only</td>
<td>↑ Upside &amp; ↓ Downside Risk</td>
<td>↑ Upside &amp; ↓ Downside Risk</td>
</tr>
</tbody>
</table>
Target Budget Setting Components are Flexible

*The VBP Roadmap outlines a recommended, but not required, method to establish a target budget.*

**Baseline Setting**

*Guideline: Historic claims data*
- 3 year look back. Recent years are weighted more.

**Trend Determination**

*Guideline: Growth Trend*
- 1 year look back weighted evenly by two factors:
  - VBP contractor specific growth trend (50%)
  - Regional growth rate (50%)

**Risk Adjustment**

*Guideline: Risk Adjustment Factor*
- TCGP = 3M CRG methodology
- Subpopulations = risk adjustment methodology used for Plan rate setting
- Bundles of Care (IPC, Maternity) = Altarum’s episode severity adjustment

**Performance Adjustment**

*Guideline: Performance Adjustments (Efficiency / Quality)*
- Adjustment to target budget with combined range of -6% to 6% for quality and efficiency.

The State does not mandate a specific methodology to be used to calculate a target budget for an arrangement. However, contracts should specify that a target budget will be used.
Level 1 Agreement
50% Shared Savings (Upside Only) If Quality Metrics Met

Coordinated care among team members

### MCO Profit & Loss

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>[A]</td>
<td>Revenue (Premium)</td>
<td>$6,000</td>
</tr>
<tr>
<td>[B]</td>
<td>Cost (Claims)</td>
<td>$4,600</td>
</tr>
<tr>
<td>[A-B]</td>
<td>Profit</td>
<td>$950 + $450 = $1400</td>
</tr>
<tr>
<td>[S]</td>
<td>Shared Savings (50%)</td>
<td>$450</td>
</tr>
<tr>
<td>[A-B+S]</td>
<td>Total Profit / (Loss)</td>
<td>$950</td>
</tr>
</tbody>
</table>

### Provider Profit & Loss

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>[B]</td>
<td>Revenue (Claims)</td>
<td>$4,600</td>
</tr>
<tr>
<td>[C]</td>
<td>Provider Cost</td>
<td>$4,000</td>
</tr>
<tr>
<td>[B-C]</td>
<td>Profit</td>
<td>$600</td>
</tr>
<tr>
<td>[S]</td>
<td>Shared Savings (50%)</td>
<td>$450</td>
</tr>
<tr>
<td>[B-C+S]</td>
<td>Total Profit / (Loss)</td>
<td>$1,050</td>
</tr>
</tbody>
</table>

### Shared Savings Calculation

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>[TB]</td>
<td>Target Budget</td>
<td>$5,500</td>
</tr>
<tr>
<td>[B]</td>
<td>Claims</td>
<td>$4,600</td>
</tr>
<tr>
<td>[S]</td>
<td>Shared Savings (50%)</td>
<td>$450</td>
</tr>
<tr>
<td>[TB-B]</td>
<td>Shared Savings</td>
<td>$900</td>
</tr>
</tbody>
</table>

### Monthly Cost

- **Payer Premium**: $6,000 ($500 PMPM)
- **Provider Cost**: $4,000
- **Total Cost (Claim)**: $4,600

### State

- **Primary Care**: $2,000
- **ER (Opioid overdose)**: $2,600
- **Total**: $4,600

### New York Medical Group

- **Contracts a VBP arrangement**
- **2014 Claims**: $4,600
  - **Primary Care**: $2,000
  - **ER (Opioid overdose)**: $2,600

### Shared Savings Calculation

- **Target Budget**: $5,500
- **Claims**: $4,600
- **Shared Savings (50%)**: $450
- **Shared Savings**: $900
Role of Quality in VBP

• Quality of **all** contracted care (whether VBP or not) is rewarded through up- and downward adjustments of premiums received by the MCO from the State *following the same guidelines as have been created by the VBP Subcommittees.*

• According to VBP Contracting Guidelines, quality performance impacts the target budget set by the MCO for the VBP Contractor.
  o High/low quality = higher/lower target budget

• Quality Performance also determines percentages of savings / losses shared with VBP contractor.
Quality Plays an Important Role in VBP Arrangements

1. MCOs and VBP Contractors select arrangements.

2. Per the NYS VBP Roadmap, MCOs and VBP Contractors must report on quality measures associated with their selected arrangement(s).

3. The quality measure results are intended to be used to determine the amount of shared savings for which VBP contractors are eligible. Adjustments to the target budget are based on quality measure performance.

(GettyImages)
Upside and Down Side Risk Sharing Arrangements (Guideline)

- While VBP encourages efficiency, **quality** is paramount!
- No savings will be earned without meeting minimum quality thresholds.

<table>
<thead>
<tr>
<th>Quality Targets Met goal</th>
<th>Level 1 VBP Upside Only</th>
<th>Level 2 VBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 50% of Quality Targets Met</td>
<td>50% of savings returned to VBP contractors</td>
<td>Up to 90% of savings returned to VBP contractors</td>
</tr>
<tr>
<td>&lt;50% of Quality Targets Met</td>
<td>Between 10 – 50% of savings returned to VBP contractors (sliding scale in proportion with % of Quality Targets met)</td>
<td>Between 10 – 90% of savings returned to VBP contractors (sliding scale in proportion with % of Quality Targets met)</td>
</tr>
<tr>
<td>Quality does not Improve or Worsens</td>
<td>No savings returned to VBP contractors</td>
<td>No savings returned to VBP contractors</td>
</tr>
</tbody>
</table>

Measure Set Development and Maintenance
HIV/AIDS Complete Measure Set

• Measures recommended by the HIV/AIDS CAG were aligned with measures included in the NYS DOH portfolio of programs including the Delivery System Reform Incentive Payment (DSRIP) Program, the Quality Improvement Program (QIP), Quality Assurance Reporting Requirements (QARR), and the State’s HIV/AIDS care measures.

• The final HIV/AIDS Category 1 measure set includes a subset of the Total Care General Population (TCGP)/Integrated Primary Care (IPC) Arrangement.
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.
Category 1 Measures

- Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors.

The State classified each Category 1 measure as P4P or P4R:

**Pay for Performance (P4P)**
- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

**Pay for Reporting (P4R)**
- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.
- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.

- Measures can move from P4R to P4P or vice versa through the annual CAG and State review process or as determined by the MCO and VBP Contractor.
## HIV/AIDS – Specific Measures
### 2018 Value Based Payment Quality Measure Set
#### Category 1

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Description</th>
<th>Steward</th>
<th>VBP Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Viral Load Suppression</td>
<td>The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.</td>
<td>HRSA</td>
<td>Cat 1 P4P</td>
</tr>
<tr>
<td>Substance Abuse Screening</td>
<td>Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol &amp; drugs) in the measurement year</td>
<td>HRSA</td>
<td>Cat 1 P4R</td>
</tr>
<tr>
<td>Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year</td>
<td>Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year</td>
<td>Altarum</td>
<td>Cat 1 P4R</td>
</tr>
</tbody>
</table>

Acronyms: HRSA - Health Resources and Services Administration, NCQA - National Committee for Quality Assurance
# HIV/AIDS – Specific Measures

## 2018 Value Based Payment Quality Measure Set

**Category 2**

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Description</th>
<th>Steward</th>
<th>VBP Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linkage to HIV Medical Care</td>
<td>Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis</td>
<td>HRSA</td>
<td>Cat 2 *</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis</td>
<td>Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia, gonorrhea and syphilis screenings were performed at least once since the diagnosis of HIV infection</td>
<td>NCQA</td>
<td>Cat 2 *</td>
</tr>
<tr>
<td>Sexual History Taking: Anal, Oral, and Genital (HIV/AIDS)</td>
<td>Percentage of patients who were asked about sexual activity (3 sub-measures)</td>
<td>NYSDOH AIDS Institute</td>
<td>Cat 2</td>
</tr>
</tbody>
</table>

*Recommended by HIV Quality Advisory Committee of the AIDS Institute to align with ETE

**Acronyms:** HRSA - Health Resources and Services Administration, NCQA - National Committee for Quality Assurance
Annual Measure Review Cycle

VBP Arrangement Quality Measure Set Development and Maintenance
Quality Measure Set Development and Maintenance
2017-2018 Measure Review Process

**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)

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

*Initially for 2017-2018, the Measure Support 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.
HIV CAG

• Proposing a change in CAG process
• Eliminate additional HIV Medicaid specific CAG and instead leverage QAC
• Proposed role of QAC members in VBP quality measurement annual review cycle
  • Review and provide recommendations on clinical quality measures in light of any significant changes in the evidence base and clinical guidelines
  • Provide insight into opportunities for improvement identified through experience in clinical practice
  • Identify any gaps in the clinical and care delivery goals
  • Ensure alignment with other HIV-specific initiatives (e.g. ETE)
• We welcome your comments!
Annual Update Cycle

Final VBP Arrangement Measure Sets and Reporting Guidance

• The VBP Quality Measure Sets for each arrangement will be finalized and posted to the NYS DOH VBP website by the end of October of the year preceding the measurement year and has been published for Measurement Year 2018. (Link)

• The VBP Measure Specification and Reporting Manual will be released alongside the QARR reporting manual in October of the measurement year and has been published for Measurement Year 2017. (Link)
Thank you!
Questions?

Additional Information:
DOH Website:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/providers_professionals.htm
Contact Us:
dsrip@health.ny.gov
vbp@health.ny.gov