



**Department
of Health**

Medicaid
Redesign Team

New York State's Health Care Transformation: The Path to Medicaid Payment Reform through *Value-Based Payment Programs*

September 19, 2017

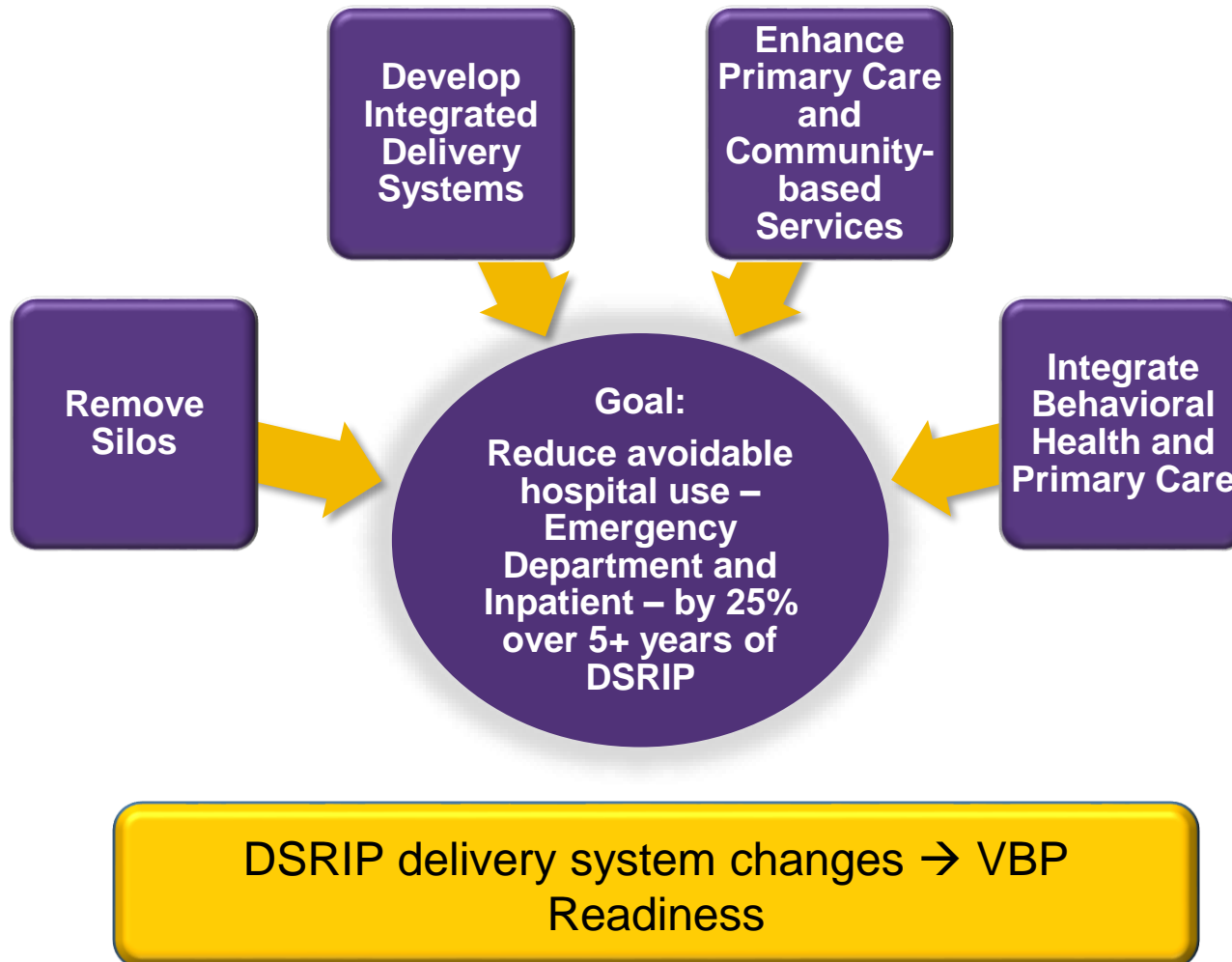
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Medicaid Redesign Team (MRT) Waiver Amendment

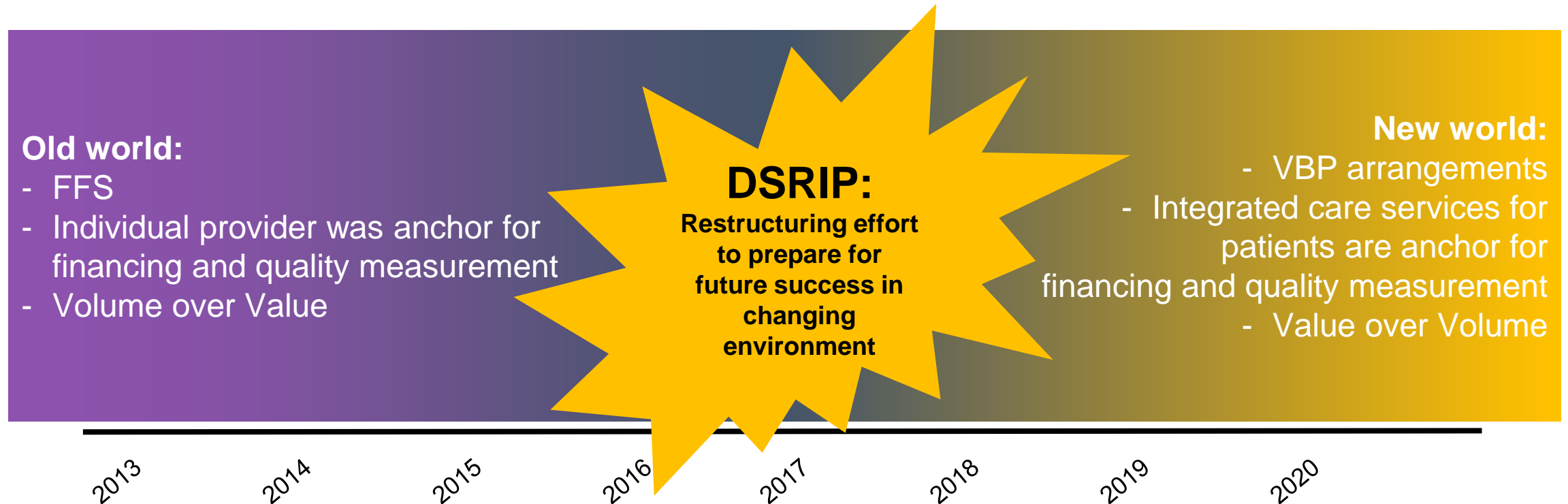
- Part of the Medicaid Redesign Team (MRT) plan was to obtain a 1115 Waiver, which would reinvest MRT-generated, federal savings back into New York's health care delivery system.
- In April 2014, Governor Andrew M. Cuomo announced that New York State and CMS finalized an agreement on the MRT Waiver Amendment.
 - Allowed the state to reinvest \$8 billion of the \$17.1 billion in federal savings generated by MRT reforms for 6.3 million members.
- The MRT Waiver Amendment goals are to:
 - ✓ *Transform the State's Health Care System*
 - ✓ *Bend the Medicaid Cost Curve*
 - ✓ *Assure Access to Quality Care for all Medicaid members*
- 1115 Waiver renewed for 5 years, as of December 2016

Delivery System Reform Incentive Payment (DSRIP) Program Objectives

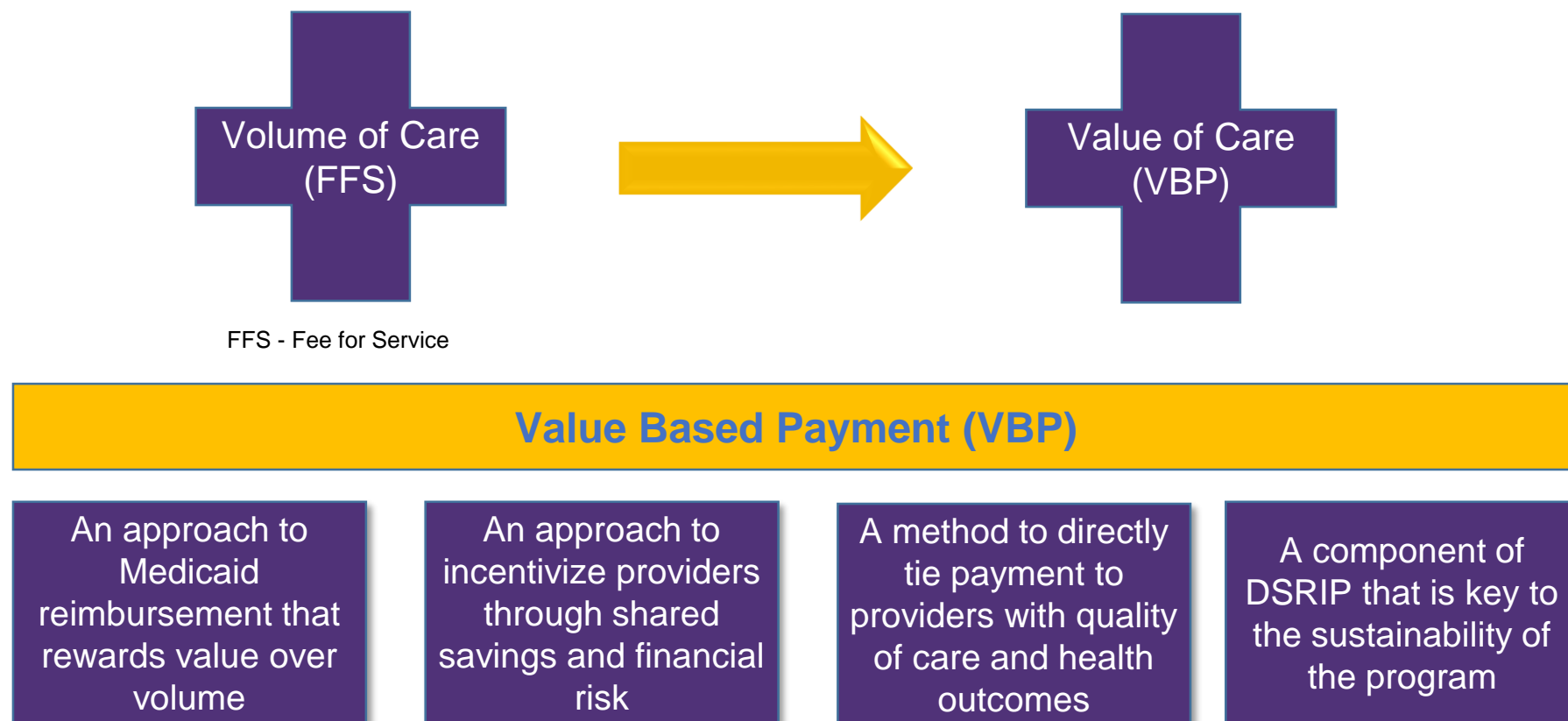


- DSRIP was built on the CMS and State goals in the Triple Aim:
 - Improving quality of care
 - Improving health
 - Reducing costs
- DSRIP Program's holistic and integrated approach to healthcare transformation provides a template for integration of Behavioral Health (BH) initiatives into primary care and primary care into BH settings.

How DSRIP & Value Based Payment Programs (VBP) Relate



The New World: Paying for *Outcomes* not *Inputs*



Source: New York State Department of Health Medicaid Redesign Team. *A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform*. NYSDOH DSRIP Website. Originally Published June 2015. Updated and approved by CMS March 2017.
https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2017/2017-03-30_cms_vbp_roadmap_approval_letter.htm
https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2017/docs/2016-06_vbp_roadmap_final.pdf

VBP Transformation: Overall Goals and Timeline

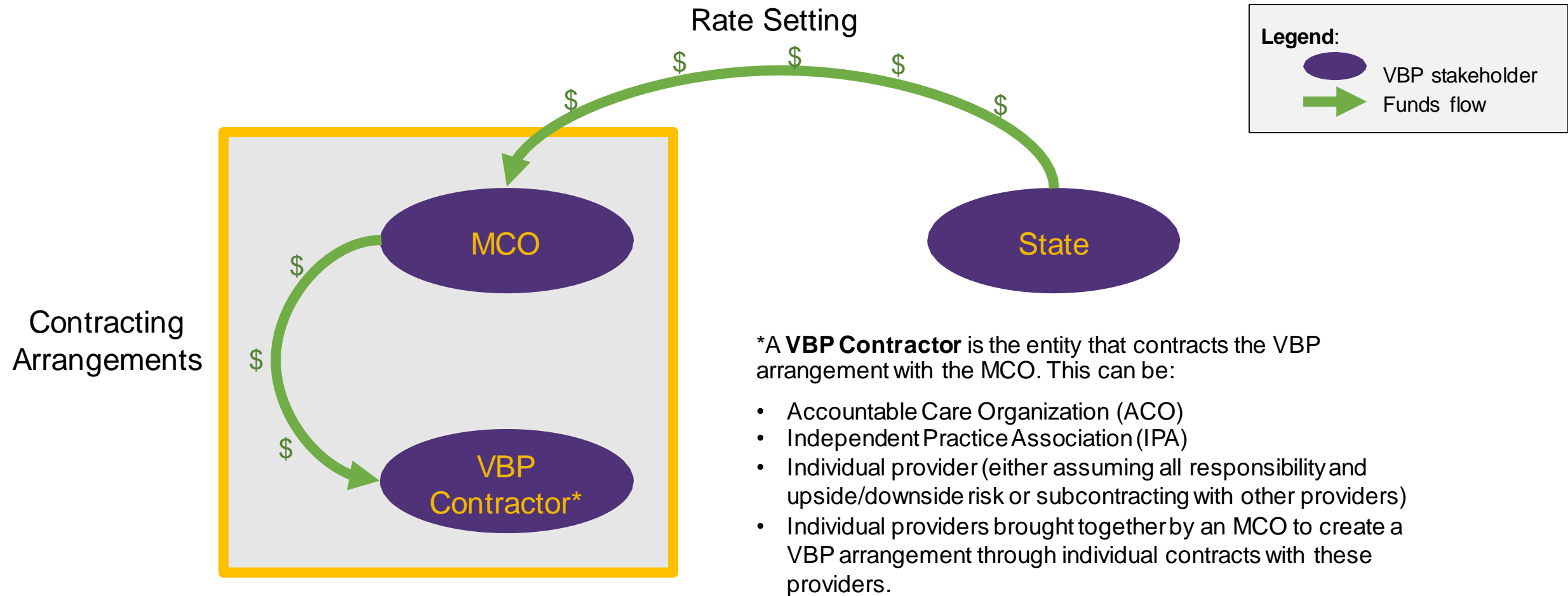
Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.



DSRIP Goals	★	April 2017	★	April 2018	★	April 2019	★	April 2020
		PPS requested to submit growth plan outlining path to 80-90% VBP		≥ 10% of total MCO expenditure in Level 1 VBP or above		≥ 50% of total MCO expenditure in Level 1 VBP or above. ≥ 15% of total payments contracted in Level 2 or higher		80-90% of total MCO expenditure in Level 1 VBP or above ≥ 35% of total payments contracted in Level 2 or higher

Acronym Definition:
New York State (NYS)
Performing Provider System (PPS)
Managed Care Organization (MCO)

Today’s discussion will focus on the Managed Care Organization (MCO) to VBP Contractor (Provider) relationship.



Note: A PPS is not a legal entity and therefore cannot be a VBP Contractor. However, a Performing Provider System (PPS) can form one of the entities above to be considered a VBP Contractor.

MCO and Contractors can Choose Different Levels of VBP

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

Level 0 VBP*	Level 1 VBP	Level 2 VBP	Level 3 VBP (feasible after experience with Level 2; requires mature contractors)
FFS with bonus and/or withhold based on quality scores	FFS with upside-only shared savings available when outcome scores are sufficient (For PCMH/IPC, FFS may be complemented with PMPM subsidy)	FFS with risk sharing (upside available when outcome scores are sufficient)	Prospective capitation PMPM or Bundle (with outcome-based component)
FFS Payments	FFS Payments	FFS Payments	Prospective total budget payments
No Risk Sharing	↑ Upside Only	↑↓ Upside & Downside Risk	↑↓ Upside & Downside Risk

Acronym Definition: Fee for Service (FFS); Per Member Per Month (PMPM)

Level 0 is not considered a sufficient move away from traditional fee-for-service incentives to be counted as value based payment in the terms of the NYS VBP Roadmap.

Source: New York State Department of Health Medicaid Redesign Team. *A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. June 2016 updated version approved by CMS March 2017*

Level 1 Agreement

50% Shared Savings (Upside Only)



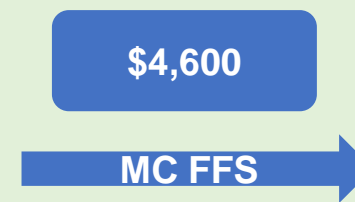
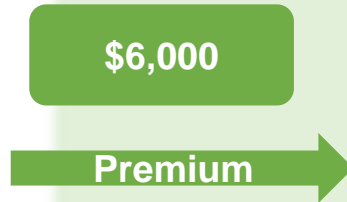
Coordinated care
among team
members

Payer	Forestland Care
Payer Premium	\$ 6,000 (\$ 500 PMPM)
Provider	New York Medical Group (contracts a VBP arrangement)
2014 Claims	Primary Care: \$ 2,000 ER (Opioid overdose): \$ 2,600 Total: \$ 4,600
Provider Cost	\$ 4,000
VBP Budget	\$ 5,500

MCO Profit & Loss		
[A]	Revenue (Premium)	\$ 6,000
[B]	Cost (Claims)	\$ 4,600
[A-B]	Profit	\$ 1,400
[S]	Shared Savings (50%)	\$ 450
[A - B + S]	Total Profit / (Loss)	\$ 1,850

Provider Profit & Loss		
[B]	Revenue (Claims)	\$ 4,600
[C]	Provider Cost	\$ 4,000
[B-C]	Profit	\$ 600
[S]	Shared Savings (50%)	\$ 450
[B - C + S]	Total Profit / (Loss)	\$ 1,050

Shared Savings Calculation		
[TB]	Target Budget	\$ 5,500
[B]	Claims	\$ 4,600
[TB - B]	Shared Savings	\$ 900



Standard: Implementation of Social Determinants of Health Intervention



*“To stimulate VBP contractors to venture into this crucial domain, VBP **contractors in Level 2 or Level 3 agreements** will be **required**, as a statewide standard, to implement at least **one social determinant of health intervention**. Provider/provider networks in VBP Level 3 arrangements are expected to solely take on the responsibilities and risk.” (VBP Roadmap, p. 41)*

The State has seen success with the following intervention types:

1. Housing
2. Nutrition
3. Education

Source: New York State Department of Health Medicaid Redesign Team. *A Path Towards Value Based Payment*, New York State Roadmap for Medicaid Payment Reform. NYS DOH VBP website ([Link](#)) June 2016 updated version, approved by CMS March 2017.

Standard: Inclusion of at Least One, Tier 1 Community-Based Organization (CBO)



*“Though addressing SDH needs at a member and community level will have a significant impact on the success of VBP in New York State, **it is also critical that community based organizations be supported and included in the transformation.** It is therefore a requirement that starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 CBO (VBP Roadmap, p. 42)*

Description:

- VBP contractors in a Level 2 or 3 arrangement **MUST** include at least one, Tier 1 CBO.
 - A Tier 1 CBO is a non-profit, non-Medicaid billing, community-based social and human service organizations (e.g. housing, social services, religious organizations, food banks)

Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYS DOH VBP website ([Link](#)) June 2016 updated version, approved by CMS March 2017.

Measuring Performance for VBP Arrangements

Upside and Down Side Risk Sharing Arrangements

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

Quality Targets % Met goal	Level 1 VBP Upside Only	Level 2 VBP Up - and downside when actual costs < budgeted costs	Level 2 VBP Up - and downside when actual costs > budgeted costs
> 50% of Quality Targets Met	50% of savings returned to VBP contractors	Up to 90% of savings returned to VBP contractors	VBP contractors are responsible for up to 50% losses
<50 % of Quality Targets Met	Between 10 – 50% of savings returned to VBP contractors (sliding scale in proportion with % of Quality Targets met)	Between 10 – 90% of savings returned to VBP contractors (sliding scale in proportion with % of Quality Targets met)	VBP contractors responsible for 50-90 % of losses (sliding scale in proportion with % of Quality Targets met)
Quality Worsens	No savings returned to VBP contractors	No savings returned to VBP contractors	VBP contractors responsible for up to 90% of losses

Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYS DOH VBP website ([Link](#)) June 2016 updated version approved by CMS March 2017.

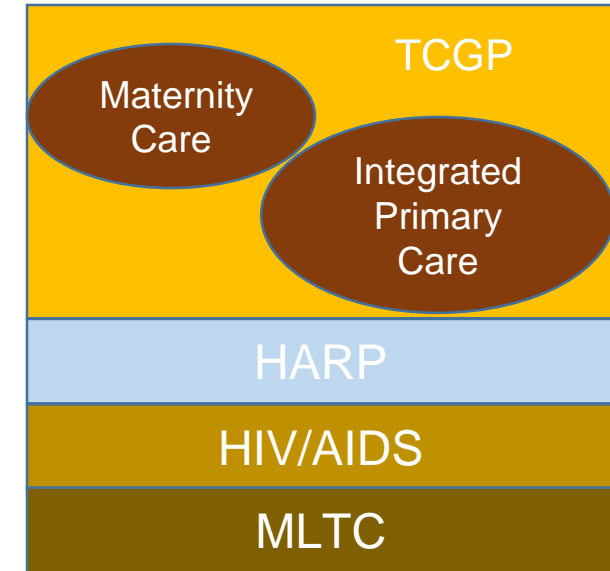


VBP Arrangements

- Arrangement **Types***

- Total Care for the General Population (TCGP)
- Integrated Primary Care (IPC)
- Maternity Care
- Health and Recovery Plans (HARP)
- HIV/AIDS Care
- Managed Long Term Care (MLTC)

**Arrangements do not yet include Dually Eligible members*



- Two VBP implementation subcommittees were created to focus on:

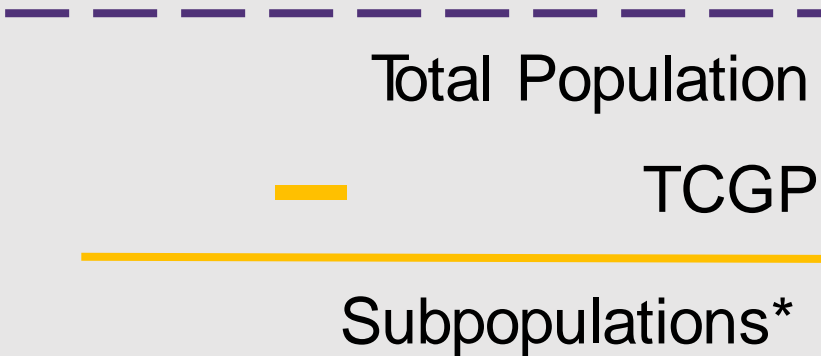
- Social Determinants of Health and CBOs
- Advocacy and Engagement
- The full recommendations that came from these Subcommittees are available in the DOH VBP Resource Library - NYS DOH VBP website ([Link](#))

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.

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.



* Arrangements are still being developed as of 4/6/17.

Value Based Payment Program

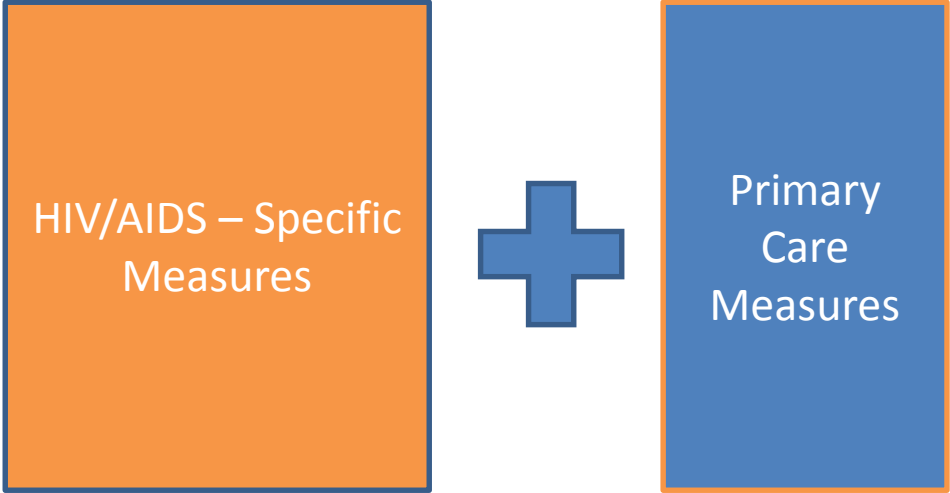
Measurement Year 2017 Quality Measure Sets

The MY 2017 Quality Measure Sets for TCGP/IPC, Maternity, HIV/AIDS and HARP VBP arrangements have been finalized and posted to the NYS DOH VBP website ([Link](#))



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 Stakeholders 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 through the annual CAG and State review process or as determined by the MCO and VBP Contractor.

Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYS DOH VBP website ([Link](#)) June 2016 updated version, approved by CMS March 2017.

Measurement Year 2017

HIV / AIDS Measure Classification
and Categorization

HIV/AIDS – Specific Measures

2017 Value Based Payment Quality Measure Set

Category 1

Measure Name	Description	Steward	VBP Category
HIV Viral Load Suppression	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.	HRSA	Cat 1 P4P
Linkage to HIV Medical Care	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis	HRSA	Cat 1 P4R
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	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	NCQA	Cat 1 P4P
Substance Abuse Screening	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	HRSA	Cat 1 P4R
Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year	Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year	Altarum	Cat 1 P4R

HIV/AIDS VBP Arrangement – 2017 Measure Set included in the TCGP/ IPC Measure Set (1 of 5)

Category 1

Measure Name	Description	Steward	VBP Category
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with bipolar I disorder who had at least two prescription drug claims for mood stabilizer medications and had a Proportion of Days Covered (PDC) of at least 0.8 for mood stabilizer medications during the measurement period (12 consecutive months).	CMS	Cat 1 P4P
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	<p>The percentage of patients 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <p>a) Effective Acute Phase Treatment. The percentage of newly diagnosed and treated patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b) Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated patients who remained on an antidepressant medication for at least 180 days (6 months).</p>	NCQA	Cat 1 P4P
Breast Cancer Screening	Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months	NCQA	Cat 1 P4P
Cervical Cancer Screening	<p>Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> - Women age 21–64 who had cervical cytology performed every 3 years. - Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. 	NCQA	Cat 1 P4P
Colorectal Cancer Screening	Percentage of patients 50 - 75 years of age who had appropriate screening for colorectal cancer	NCQA	Cat 1 P4P

HIV/AIDS VBP Arrangement – 2017 Measure Set included in the TCGP/ IPC Measure Set (2 of 5)

Category 1

Measure Name	Description	Steward	VBP Category
Comprehensive Diabetes Care: Eye Exam (retinal) performed	Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period	NCQA	Cat 1 P4P
Comprehensive Diabetes Care: Foot Exam	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period	NCQA	Cat 1 P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	NCQA	Cat 1 P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	NCQA	Cat 1 P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.	NCQA	Cat 1 P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	NCQA	Cat 1 P4P
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NQF #s 0055, 0062, 0057 Number of people (18-75) who received at least one of each of the following tests: HbA1c test, , diabetes eye exam, and medical attention for nephropathy	AHRQ	Cat 1 P4P
Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period	NCQA	Cat 1 P4P

HIV/AIDS VBP Arrangement – 2017 Measure Set included in the TCGP/ IPC Measure Set (3 of 5)

Category 1

Measure Name	Description	Steward	VBP Category
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	The percentage of patients 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	NCQA	Cat 1 P4P
HIV Viral Load Suppression	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.	HRSA	Cat 1 P4P
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	NCQA	Cat 1 P4P
Initiation of Pharmacotherapy for Alcohol Dependence	The percentage of individuals who initiate pharmacotherapy with at least 1 prescription for alcohol treatment medication within 30 days following an index visit with a diagnosis of alcohol abuse or dependence.	OASAS	Cat 1 P4R
Initiation of Pharmacotherapy for Opioid Use Disorder	The percentage of individuals who initiate pharmacotherapy with at least 1 prescription or visit for opioid treatment medication within 30 days following an index visit with a diagnosis of opioid abuse or dependence.	OASAS	Cat 1 P4P
Linkage to HIV Medical Care	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis	HRSA	Cat 1 P4R

HIV/AIDS VBP Arrangement – 2017 Measure Set included in the TCGP/ IPC Measure Set (4 of 5)

Category 1

Measure Name	Description	Steward	VBP Category
Medication management for patients with asthma	<p>The percentage of patients 5-64 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.</p> <ol style="list-style-type: none"> 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. <p>[A] ages 5-18 [B] ages 19-64</p>	NCQA	Cat 1 P4P
Potentially Avoidable Complications (PAC) in routine sick care or chronic care	Percent of proxy-priced costs associated with Potentially Avoidable Complications (PACs) in the chronic bundle and in routine sick care. Expressed as the ratio of actual/expected costs. Costs is used as a proxy for the severity of the PAC.	Altarum	Cat 1 P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter.	CMS	Cat 1 P4R
Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	AMA PCPI	Cat 1 P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	CMS	Cat 1 P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA PCPI	Cat 1 P4R

HIV/AIDS VBP Arrangement – 2017 Measure Set included in the TCGP/ IPC Measure Set (5 of 5)

Category 1

Measure Name	Description	Steward	VBP Category
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	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	NCQA	Cat 1 P4P
Statin Therapy for Patients with Cardiovascular Disease	The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: (1) Received Statin Therapy. Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year. (2) Statin Adherence 80%. Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.	NCQA	Cat 1 P4R
Statin Therapy for Patients with Diabetes	Percentage of members 40 to 75 years of age during the measurement year with diabetes who do not have ASCVD who remained on a statin medication of any intensity for at least 80% of the treatment period.	NCQA	Cat 1 P4R
Substance Abuse Screening	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	HRSA	Cat 1 P4R
Use of spirometry testing in the assessment and diagnosis of COPD	The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis	NCQA	Cat 1 P4R

HIV/AIDS VBP Arrangement – 2017 Measure Set included in the TCGP/ IPC Measure Set (1 of 2)

Category 2

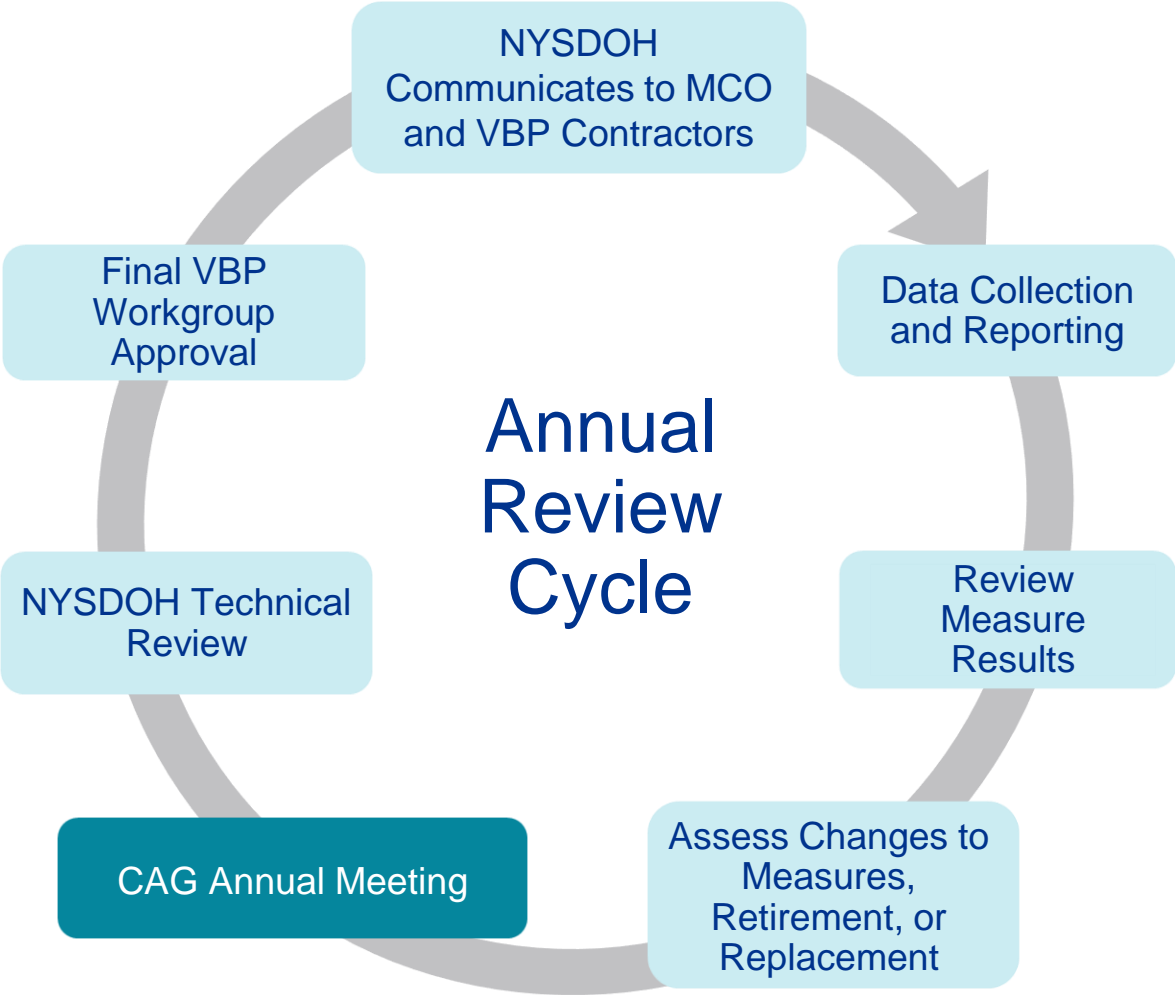
Measure Name	Description	Steward	VBP Category
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	Percentage of patients aged 5 years and older with a diagnosis of asthma who were evaluated for asthma control (comprising asthma impairment and asthma risk) at least once during the measurement period	AAAAI	Cat 2
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	New Measure: Percentage of individuals undergoing initiation and engagement of alcohol and other drug dependence treatment (IET) who have three (3) or more same- or lower-level SUD service visits/claims between 45 days post the IET Index Episode Start Date (IESD) and 180 days post the IESD.	OASAS	Cat 2
Continuity of Care (CoC) within 14 days of discharge from any level of SUD inpatient care	1. Continuity of Care from Inpatient Detox to Lower Level of Care. The percentage of inpatient detox discharges for members 13 years of age and older with a diagnosis of alcohol and other drug (AOD) dependence, who had a follow-up lower level visit for AOD within 14 days of the discharge date. 2. Continuity of Care from Inpatient Rehabilitation to Lower Level of Care. The percentage of inpatient discharges for members 13 years of age and older for alcohol and other drug abuse or dependence treatment (AOD), who had a follow-up lower level AOD visit within 14 days of the discharge date.	OASAS	Cat 2
Diabetes Screening (HIV/AIDS)	Percentage of patients with any random blood sugar > 100 mg/dL who received diabetes screening.	NYSDOH AIDS Institute	Cat 2
Hepatitis C Screening	Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV	HRSA	Cat 2
Housing Status	Percentage of patients with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	HRSA	Cat 2
Lung Function/Spirometry Evaluation (asthma)	Percentage of patients aged 5 years and older with asthma and documentation of a spirometry evaluation, in the medical record within the last 24 months	AAAAI	Cat 2

HIV/AIDS VBP Arrangement – 2017 Measure Set included in the TCGP/ IPC Measure Set (2 of 2)

Category 2

Measure Name	Description	Steward	VBP Category
Medical Case Management: Care Plan	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan ¹ developed and/or updated two or more times in the measurement year	HRSA	Cat 2
Patient Self-Management and Action Plan	Percentage of patients aged 5 years and older with asthma and documentation of an asthma self management plan	AAAAI	Cat 2
Prescription of HIV antiretroviral therapy	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year. A medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care.	HRSA	Cat 2
Sexual History Taking: Anal, Oral, and Genital (HIV/AIDS)	Percentage of patients who were asked about sexual activity (3 sub-measures)	NYSDOH AIDS Institute	Cat 2
Use of Imaging Studies for Low Back Pain	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).	NCQA	Cat 2
Utilization of Pharmacotherapy for Alcohol Dependence	The percentage of individuals with any encounter associated with alcohol use or dependence, with at least 1 prescription for appropriate pharmacotherapy at any time during the measurement year.	OASAS	Cat 2
Utilization of Pharmacotherapy for Opioid Use Disorder	The percentage of individuals with any encounter associated with opioid dependence, with at least 1 prescription or visit for appropriate pharmacotherapy at any time during the measurement year.	OASAS	Cat 2

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Any significant changes in evidence base of underlying measures and/or measurement gaps
- Categorization of measures and make recommended changes

State Review Panel

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion*
- Review measures under development to test reliability and validity
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R)

Thank you!

Questions?

Additional Information:

DOH Website:

http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/index.htm

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/providers_professionals.htm

Contact Us:

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