

## Meeting #4

Date: October 22, 2015 1:00 PM

Location: 200 Park Ave, New York NY

### Attendees:



TD II Subcommittee  
Attendance\_Meeting 4

### Overview

This was the fourth meeting for the Technical Design II Subcommittee (SC). The purpose of the meeting was to discuss the draft recommendations (see agenda below), introduce new topics and raise any questions or concerns.

The specific agenda for this meeting included the following:

1. Review of Recommendations:
  1. Financially Challenged Provider status: what does it mean?
  2. What will be included in the planned assessment of progress made in VBP participation and market dynamics?
  3. What should be the process for addressing impasse situations during contract negotiations?
2. Continued Discussion:
  1. What should be the criteria and policies for the VBP Innovator Program?
3. Introduction to New Topics:
  1. What should be the Quality and Outcome measures in the TCTP arrangement?
4. Next Steps and Action Items

**Key Discussion Points** (Reference slide deck “Technical Design II Subcommittee Meeting #4”)

#### 1) Review of Recommendations

*Financially Challenged Provider status: what does it mean?*

The co-chairs opened the meeting with a review of the recommendations that the SC had previously developed on Financially Challenged Provider status. It was agreed by the Subcommittee that what constitutes a financially challenged provider should be a standard. The SC was reminded that CMS will still need to approve each recommendation and that DOH already has a CMS approved definition of financially challenged providers, which will be shared with the SC at the next meeting to see how it could be incorporated into the recommendation. It was also shared with the SC that the DOH could identify financially challenged providers when they have access to the relevant financial information, so that the plans would not bear that responsibility.

*What will be included in the planned assessment of progress made in VBP participation and market dynamics?*

The Technical Design II Subcommittee recommends that the design of the planned assessment be delayed for at least a six month period (ending approximately in June 2016), shifting the decision-making to the central VBP Workgroup.

*What should be the process for addressing impasse situations during contract negotiations?*

The Technical Design II Subcommittee has decided that the development of a standard or guideline is not recommended at this time. The State, MCOs and providers will collectively monitor whether action or additional guidelines may become necessary in the future.

## **2) Continued Discussion: What should be the criteria and policies for the VBP Innovator Program?**

*Component 1: Which VBP risk arrangements are eligible for the Innovator Program?*

The SC opened the Innovator Program discussion on program eligibility and which VBP level would be eligible to apply to be an Innovator. The SC was open to allowing providers participating in Level 2 and Level 3 VBP arrangements to participate in the Program, given that they also pass the contract review process listed in Component 2 below.

*Component 2: What is the applicant review process for the Innovator Program?*

The SC was reminded that within the VBP agreements there are varying levels of risk. To account for the different risk levels the SC could use the regulatory review tiers as a program eligibility criteria (Tier 1 requiring no additional approval, Tier 2 DOH only approval, and Tier 3 DFS and DOH approval). This tiered approval method is used to make sure that providers are not taking on more risk than they can afford. The high risk Level 2 VBP contractors would have to pass Tier 2 or 3 approval in order to participate in the program.

*Component 3: Criteria for Participation*

It was agreed by the SC members that a provider should have a predetermined minimum number of Medicaid members as a criteria for participation in the Program. The number of 5,000 Medicaid members was included in the presentation as the amount that DSRIP considers as meaningful presence for a PPS, which the SC felt was rather low. While discussing this criteria, a SC member brought up the concern that the number may need to be flexible to account for differences between geographic locations.

The length of experience in VBP as a criterion for the Program participation was addressed by the SC with mixed reactions. As a criteria the SC thought it would be key to show past success in executing VBP arrangements, but measurement of this experience is rather challenging. It was suggested that the DOH assist in defining the measure for length of VBP experience, and review this criteria on an individual basis, perhaps during the contract review process.

*Component 4: Is there an appeals process?*

This component was decided in Meeting #3. The SC felt that if a clear and transparent set of criteria was established for applying to the Innovator Program, then no appeals process would be necessary.

*Component 5: Innovator Program Benefits*

The Subcommittee reviewed the administration function delegation matrix, requested in Meeting #3, which illustrated the possible delegation of administrative functions among plan and providers in order to help determine the percentage of the premium pass-through that would be moved to providers as they take on more administrative tasks. It was suggested that plans and providers could organize their own contracts to determine the details of such delegation and percentages that the providers would keep. In addition, it was suggested that there could be a minimum number of administrative functions that the provider would have to take on in order to qualify for the program benefits. A SC member suggested categorizing the administrative functions listed in the matrix. The 'buckets' would include functions that the providers could take on, functions that only a plan could maintain, and functions that could be shared. It was suggested that a base agreement could be included in a model contract developed by the State, which the plans and providers could use for their administrative function delegation discussion. More details will come on this in the next meeting's discussion when the SC will be presented with a draft recommendation on the Program design.

*Component 6: How is the Innovator's performance measured?*

This component was decided in Meeting #3. The SC agreed that the performance measurements for Innovators should be aligned with the existing DSRIP and other applicable measures.

*Component 7: What is the status maintenance and contract termination/program exit criteria?*

For the status maintenance component, it was suggested that Option 1, "The participant is placed on a probation period and with a set time line to improve performance" seemed more reasonable. This is another component that could be included into the model contract.

*Component 8: In the case of poor performance, should there be contract cooling off periods?*

This component was decided in Meeting #3. A cooling off period following contract termination was supported by the Subcommittee.






The findings in this discussion will be incorporated in the Innovator Program recommendation draft for review at the next TDII SC meeting. All Subcommittee recommendations will also be embedded into the VBP Roadmap and made available for public comment to help resolve any inconsistencies between the various Subcommittees.

**3) Introduction to a New Topic: What should be the Quality and Outcome measures in the TCTP arrangement?**

The SC was presented with a summary of the quality and outcome measure definitions, and reviewed the approach and methodology for selecting initial TCTP measures. Guidance was provided on the categorization of the suggested measures based on their relevance. This exercise will assist in prioritizing which measures should be eventually employed. The criteria for selecting quality measures includes

clinical relevance, reliability and validity, and feasibility. The SC was provided with forty two possible quality and outcome measures that could be used in the TCTP arrangements. It was decided that the SC members would need more time to review and digest the suggested measures, therefore the SC has been asked to submit their feedback and comments over the course of the three weeks following this meeting. The list of quality and outcome measures includes DSRIP measures, which will only be altered should the SC provide strong justification for the change. It was suggested that regional variations be included so that providers are not held accountable for factors that they cannot control. Also, a point was raised that various MCOs may have differing coverage and thus some of the measures would potentially not be appropriate. It was agreed to look further into this issue.

**Materials that have been distributed during the meeting:**

#	Document	Description
1	<p>Technical Design II Subcommittee Meeting #4</p>  <p>NYS VBP_Technical Design II_Meeting 4_P</p>	A presentation deck providing the following: a review of draft recommendations from the last meeting; a continued discussion on the Innovator Program; and an introduction to quality and outcome measurements for TCTP arrangements.
2	<p>Meeting #3 Summary</p>  <p>Meeting 3_VBP Tech Design II_Summary_20</p>	Meeting minutes and a review of decisions made during the last meeting.
3	<p>Draft Recommendations on: financially challenged status, contract negotiation impasse situations, and assessment of progress.</p>    <p>DRAFT NYS VBP Technical Design II Re Technical Design II Re Technical Design II Re</p>	Recommendations on Financially Challenged status (which providers qualify and what does it mean?), Contract Negotiation Impasse Situations (addressing when an agreement cannot be achieved in VBP contract negotiations), and Assessment of progress (in VBP arrangement participation and market dynamics).

**Key Decisions**

Prior to the next meeting, Subcommittee members will receive the draft recommendation on the Innovator Program design.

**Conclusion**

The next meeting will take place at the School of Public Health in Albany at 1:00 pm on November 18, 2015. Subcommittee members will be notified if any changes in the meeting schedule or logistics occur.

During the next meeting the SC will review and finalize the recommendations made on the above topics.