



**Department
of Health**

Physical Health and Chronic Conditions Clinical Advisory Group

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Agenda

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|---|----------------|
| 1. Introduction | 5 Mins |
| - Roll Call | |
| 2. Arrangements & Measure Set | 10 Mins |
| - VBP Timeline 2020 | |
| - TCGP Arrangement | |
| - 2021 Measure Set Review | |
| 3. COVID-19 & VBP | 10 Mins |
| 4. Integrating Oral Health | 10 Mins |
| 5. National Quality Measure Updates | 10 Mins |
| 6. NYS Medicaid Quality Strategy & SDH | 10 Mins |
| 7. Summary & Next Steps | 5 Mins |

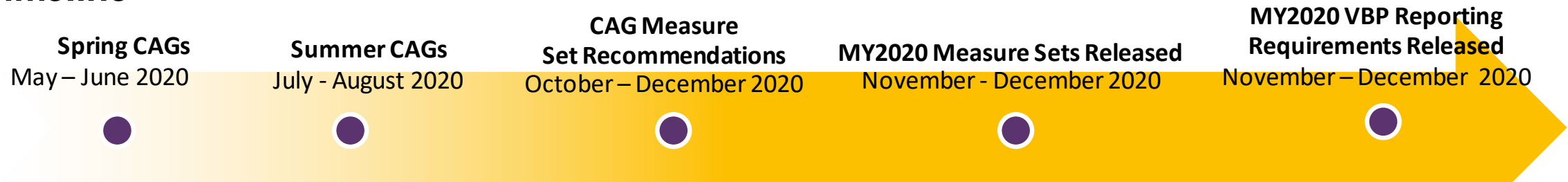
Section 1: Introduction

Roll Call

Section 2: Timeline, Arrangements, & 2021 Measure Set

Clinical Advisory Group (CAG) Timeline for 2020

Timeline



- Spring Cycle to convene April through May, with Summer Cycle to begin in June with a goal of ending in August.
- Feedback from the CAGs will be processed and presented in the form of recommended measure sets to the VBP Workgroup for approval in **October – December 2020**.
- (MY) 2021 Quality Measure Sets will be released in **November – December 2020**.
- The 2021 VBP Reporting Requirements Technical Specifications Manual will also be released in **November – December 2020**.

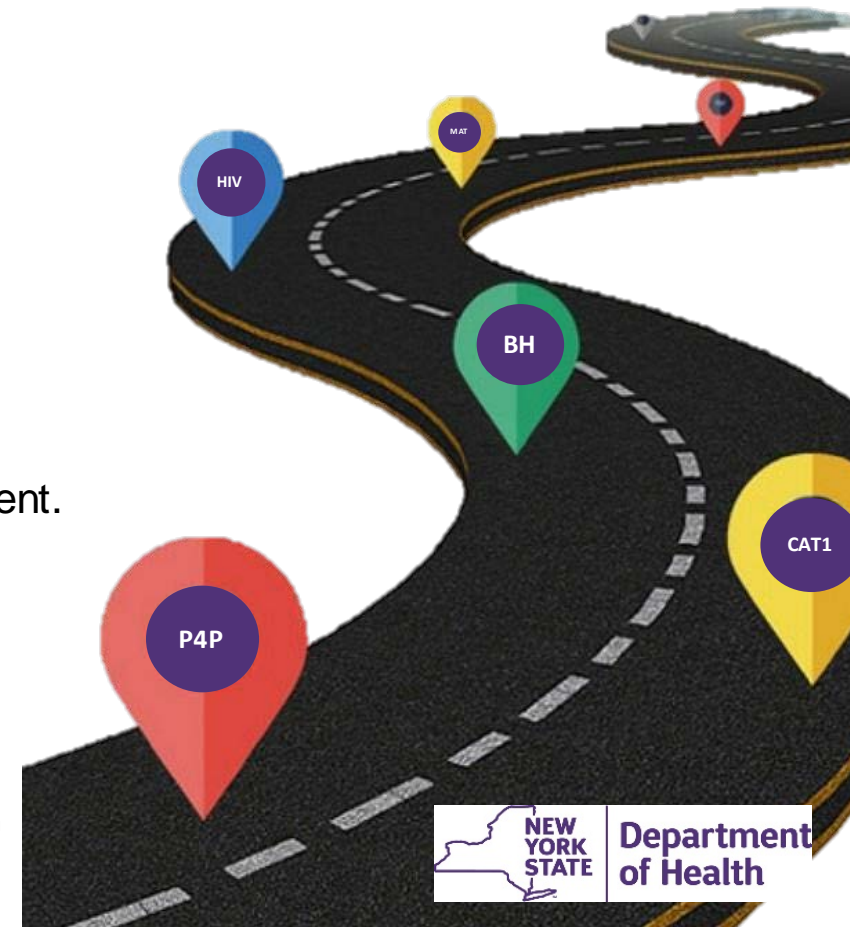
Roadmap Requirements Established for 2020: Quality Measures

Managed Care Organizations (MCOs) (excluding MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must base shared savings and risk distribution on quality measures that include at least one, Category 1 P4P measure from each of the following domains*:

- I. Primary Care
- II. Mental Health
- III. Substance Use Disorder
- IV. HIV/AIDS
- V. Maternity
- VI. Children's

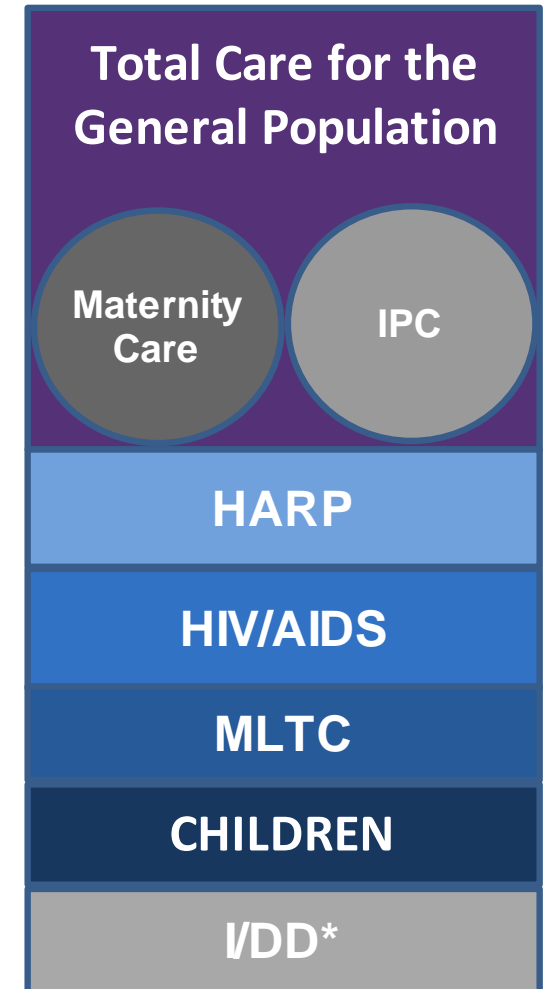
- All new contracts submitted on or after January 1, 2020 must meet this requirement.
 - *Deadline extension* for submission: **May 15**
 - *Deadline extension* for MCO reporting period: **June 15**
- All other existing contracts must be updated to meet this requirement by January 2021.

*If a VBP contractor & MCO are contracting for a total care for HARP explicitly carving them out of the TCGP arrangement, then the TCGP contract does not need to include the measure(s) for the respective population since these measures would be incorporated in the population-specific arrangement (e.g., HARP contract).



VBP Arrangement Types

- **Total Care for the General Population (TCGP):** All costs and outcomes for care, excluding MLTC; may or may not include HARP, HIV/AIDS, and I/DD* populations.
- **Episodes of Care**
 - **Maternity Care:** Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for the mother
 - **Integrated Primary Care (IPC)** All costs and outcomes associated with primary care, sick care, and a set of 14 chronic conditions selected due to high volume and/or costs.
- **Total Care for Special Populations:** Costs and outcomes of total care for all members within a population exclusive of TCGP.
 - **Health and Recovery Plans (HARP):** For those with Serious Mental Illness or Substance Use Disorders
 - **HIV/AIDS**
 - **Managed Long Term Care (MLTC)**
 - **Children**
 - **I/DD***



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

*Total Care for the Intellectually/Developmentally Disabled (I/DD) population will become available as an arrangement as the population moves to managed care.

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2021 TCGP Primary Care Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	NQF 0105	P4P
Asthma Medication Ratio	NCQA	NQF 1800	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening in Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
2021 TCGP Primary Care Domain [continued]			
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy*	NCQA	NQF 0062	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*	NCQA	NQF 0004	P4P
Kidney Health Evaluation for Patients With Diabetes (KED)*	NCQA	-	P4R
Medication Management for People with Asthma*	NCQA	NQF 1799	P4P

* Measure removed from HEDIS 2021 Measure Set

* ~~Measure replaced/changed measure by NCQA for 2021 Measure set~~
August 2020

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2021 TCGP Mental Health Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	NQF 1879	P4P
Depression Remission or Response for Adolescents and Adult	NCQA		P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-up After Hospitalization for Mental Illness**	NCQA	NQF 0576	P4P
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS		P4P

** Measure to be Changed for HEDIS 2021
August 2020

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
<u>2021 TCGP Substance Use Domain</u>			
You must choose at least 1 measure from the following domain to be included in the VBP Contract.			
Follow-Up After High-Intensity Care for Substance Use Disorder	NCQA		P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS		P4P
Pharmacotherapy for Opioid Use Disorder	NCQA	NQF 3175	P4P

Proposed 2021 TCGP Measure Set

TCGP Measures

Measure Steward

Measure Identifier

Classification

Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below.

2021 TCGP Children's Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Asthma Admission Rate - PDI #14	AHRQ	NQF 0728	P4P
Childhood Immunization Status – Combination 3	NCQA	NQF 0038	P4P
Immunizations for Adolescents – Combination 2	NCQA	NQF 1407	P4P
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life**	NCQA	NQF 1516	P4P
Well-Child Visits in the First 15 Months of Life**	NCQA	NQF 1392	P4P

* Measure Changed for HEDIS 2021

August 2020

Proposed 2021 TCGP Measure Set

TCGP Measures	Measure Steward	Measure Identifier	Classification
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Unless you are excluding or carving out HIV+ individuals, pregnant women, or children members in your TCGP arrangement, you must choose at least one Category 1 P4P measure from each of the applicable domains below.

2021 TCGP HIV/AIDS Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Viral Load Suppression	HRSA	NQF 2082	P4P
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2021 TCGP Maternity Domain

You must choose at least 1 measure from the following domain to be included in the VBP Contract.

Prenatal & Postpartum Care	NCQA	NQF 1517 (lost endorsement)	P4P
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Section 3: COVID-19 & VBP

COVID-19 Updates

- The National State of Emergency was extended from July 26, 2020 for an additional 90 days.
- NY's State of Emergency remains in effect **[Nov. 3, 2020]**
- COVID-19 remains the #1 priority of the Health Department.
- NY State Medicaid's 1135 waiver allows additional flexibility, such as relaxation of HIPAA rules and coverage of telephonic services.
- Trending of all measures will be an issue in Measurement Year 2020.

Section 4: Integrating Oral Health Update

Approved MRTII Dental Proposal

Promote Evidence-based Preventive Dentistry

Addition to the Medicaid Dental Program D1354 - Interim Caries Arresting Medicament

Silver Diamine Fluoride (SDF)

- Potential to reduce operating room and emergency room visits related to dental complications

Non-Dental Practitioner Application of Fluoride Varnish in a Primary Care Setting

It is recommended infants have their first dental visit no later than one year of age.

- The pediatrician is the ideal practitioner to address Early Childhood Caries, the most preventable, chronic, childhood disease.
- Includes RNs and PAs based on scope of practice

Oral Health Updates

Annual Dental Visit Retained as HEDIS measure

- Annual Dental Visit retained as part of the approved 2020-2021 HEDIS
- Measure applies only for individuals 2-20

Incorporating an Adult Dental Measure

- Data reveals a decline in adult dental utilization
- Dental complications for adults are associated with significant costs
- Adult population would be a good group to target for VBP

Dental VBP arrangement and/or Domain continue discussion

- Met with dental vendors about their VBP ideas
- Suggested incorporating risk assessment dental codes to help measure progress and facilitate value-based payment arrangements.
- Recommended prevention as a focus

August 2020

2020 DQA Adult Dental Measures

Available Adult Measures

1. Adults with Diabetes – Oral Evaluation (comprehensive, periodic, and periodontal exam)
2. Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults
3. Follow-Up after Emergency Department Visits for Non-Traumatic Dental Conditions in Adults
4. Topical Fluoride for Adults at Elevated Caries Risk
5. Periodontal Evaluation in Adults with Periodontitis
6. Non-Surgical Ongoing Periodontal Care for People with Periodontitis

Considerations

1. There is no way to know which members with an oral evaluation have diabetes because New York State Medicaid Dental does not report diagnosis codes
2. The use of emergency departments (EDs) for non-traumatic dental conditions has been a growing public health concern across the United States
3. The use of emergency departments (EDs) for non-traumatic dental conditions has been a growing public health concern across the United States
4. NYS Dental Medicaid program does not reimburse for adult fluoride or require use of risk assessment
5. NYS Dental Medicaid program does not reimburse for D0180-periodontal evaluation
6. NYS covers Non-surgical Periodontal Care for members with periodontal disease

Section 5: National Quality Measures Update

NCQA Changes Quality Measures for HEDIS® 2021

Measures for Retirement

- Medication Management for People With Asthma*
- Comprehensive Diabetes Care – Medical Attention for Nephropathy*
 - Retired the “HbA1c control (<7.0%) for a selected population” indicator
 - Retired the “Medical Attention for Nephropathy” indicator for the commercial and Medicaid product lines
 - Deleted the HbA1c Level 7.0–9.0 Value Set
 - Removed the requirements for remote monitoring devices to allow BPs taken by any digital device
 - Removed the exclusion of BP readings reported or taken by the member
- Adult BMI Assessment

* Current NYS VBP Quality Measure

NCQA Changes Quality Measures for HEDIS® 2021

New Measures

Kidney Health Evaluation for Patients With Diabetes (KED) 1st Year Measure*

- The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Cardiac Rehabilitation (CRE) 1st Year Measure

- The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:
 - Initiation. % of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
 - Engagement 1. % of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
 - Engagement 2. % of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
 - Achievement. % of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

* Recommended to replace CDC measure

NCQA Changes Quality Measures for HEDIS[®] 2021

Changes to Existing Measures

- Well-Child Measures
 - Well-Child Visits in the First 30 Months of Life (W30)
 - Child and Adolescent Well-Care Visits (WCV)
- Controlling High Blood Pressure (CBP)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF)

Section 6: NYS Medicaid Quality Strategy

NYS Medicaid Quality Strategy

- Federal regulations at [42 CFR Part 438, subpart D](#) (Quality Assessment and Performance Improvement) lay the groundwork for the development and maintenance of quality strategies to assess and improve the quality of managed care services offered within a state.
- **Why?** Because Quality improvement is pivotal to driving more value into the health system and lowering costs.
- **Quality Strategies:** serve as a road map for states and their contracted health plans in assessing quality of care that beneficiaries receive, and sets forth measurable goals and targets for improvement.

NYS Medicaid Quality Strategy Aims & Goals

Aim 1: Improved Population Health

Goal 1: Improve Maternal Health

Goal 2: Ensure a Healthy Start

Goal 3: Promote Effective and Comprehensive Prevention and Management of Chronic Disease

Goal 4: Promote the integration of suicide prevention in health and behavioral healthcare settings

Goal 5: Prevent and Reduce Nicotine, Alcohol and Substance Use Disorder

Aim 2: Improve Quality of Care

Goal 6: Improve Quality of Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) Treatment

Goal 7: Promote Prevention with Access to High Quality Care

Goal 8: Support Members in Their Communities

Goal 9: Improve Patient Safety

Aim 3: Lower Per Capital Cost

Goal 10: Paying for High-Value Care

Social Determinants of Health: Quality Measurement

Current State

- NYS Specific Measures (HARP Only)
 - Maintaining/Improving Employment or Higher Education Status
 - Maintenance of Stable or Improved Housing Status
 - No or Reduced Criminal Justice Involvement
- Social determinant of health screening
 - Many tools used
 - Coding can be used to capture electronically (e.g., z-code)
- National workgroups
 - NYSDOH is a contributing member to the SIREN/Gravity project on development of SDH measures

Demonstration Project: IncK

- Develop and pilot specifications for SDH measures
 - Food Insecurity
 - Housing Stability
 - Kindergarten Readiness
 - Chronic Absenteeism
- Other findings:
 - Children currently screened for SDH with a formal tool
 - Other SDH needs captured informally (e.g., z-code)
 - Utilization of Bronx Regional Health Information Organization (RHIO) to capture SDH data in electronic health records (e.g., applicable z-codes)

Section 7: Summary & Next Steps

Questions



Thank you!

Please send questions and feedback to:

vbp@health.ny.gov