



**Department
of Health**

Medicaid
Redesign Team

VBP Bootcamp

VBP Arrangements and Quality Measurement
Class 2

January 2018

Agenda

Area	Details	
Timing	Two, 1-hour sessions	
	Class 1	Class 2
Topics	<p>Top 10 Things a Provider Should Know</p> <p>VBP Arrangement Exploration & What it Means for a Provider</p> <ul style="list-style-type: none"> - Core Components - Quality Measurement - Target Budget Adjustments and Distribution of Share Savings 	<p>VBP Performance Periods & Timelines</p> <p>VBP Measure Set Development & Implementation</p> <ul style="list-style-type: none"> - Intro to VBP Quality Measure Set Development and Implementation: Approach and Timeline - Measure Set Development and Maintenance <p>Negotiating Quality Measures</p> <ul style="list-style-type: none"> - Key considerations when including quality measures in your VBP contract
Speakers	<p>DOH</p> <ul style="list-style-type: none"> - Douglas Fish, MD - Khalil Alshaer, MD,MPH 	<p>DOH</p> <ul style="list-style-type: none"> - Douglas Fish, MD - Khalil Alshaer, MD, MPH



VBP Arrangements and Quality Measurement Class Syllabus

<p>General Description:</p> <p>The course content will cover each of the VBP arrangements and associated quality measure sets. The content will be structured to strengthen a provider’s understanding of the VBP arrangements and review key considerations when contracting an arrangement.</p>	<p>Intended Audience:</p> <p>Individuals who may find this course beneficial include:</p> <ul style="list-style-type: none"> • Medical Directors • Clinicians • Finance (to understand how performance, taking into account quality measures, may be impacted)
<p>Course Description:</p> <p>Course 1 will review the core components of each VBP arrangement and will highlight key considerations a provider may take into account, when contracting an arrangement. The course will also discuss the types of providers that may be best positioned to implement each arrangement., and include scenarios of each Level of VBP arrangement.</p>	<p>Course Description:</p> <p>Course 2 will review measure sets associated with each arrangement and will present the measure set development and maintenance cycle, so that providers are aware of performance periods and key timelines.</p>
<p>Class 1 Overview</p>	<p>Class 2 Overview</p>
<p>This class will highlight the top 10 things providers need to know related to VBP arrangements and quality measurement.</p> <p>The class will also explore the core components of each arrangement and key considerations a provider should keep in mind, when implementing an arrangement.</p>	<p>The class will review performance periods and timelines and provide an overview of quality measure reporting. This class will include a review of key considerations when negotiating quality measures.</p>

Approach and Timeline

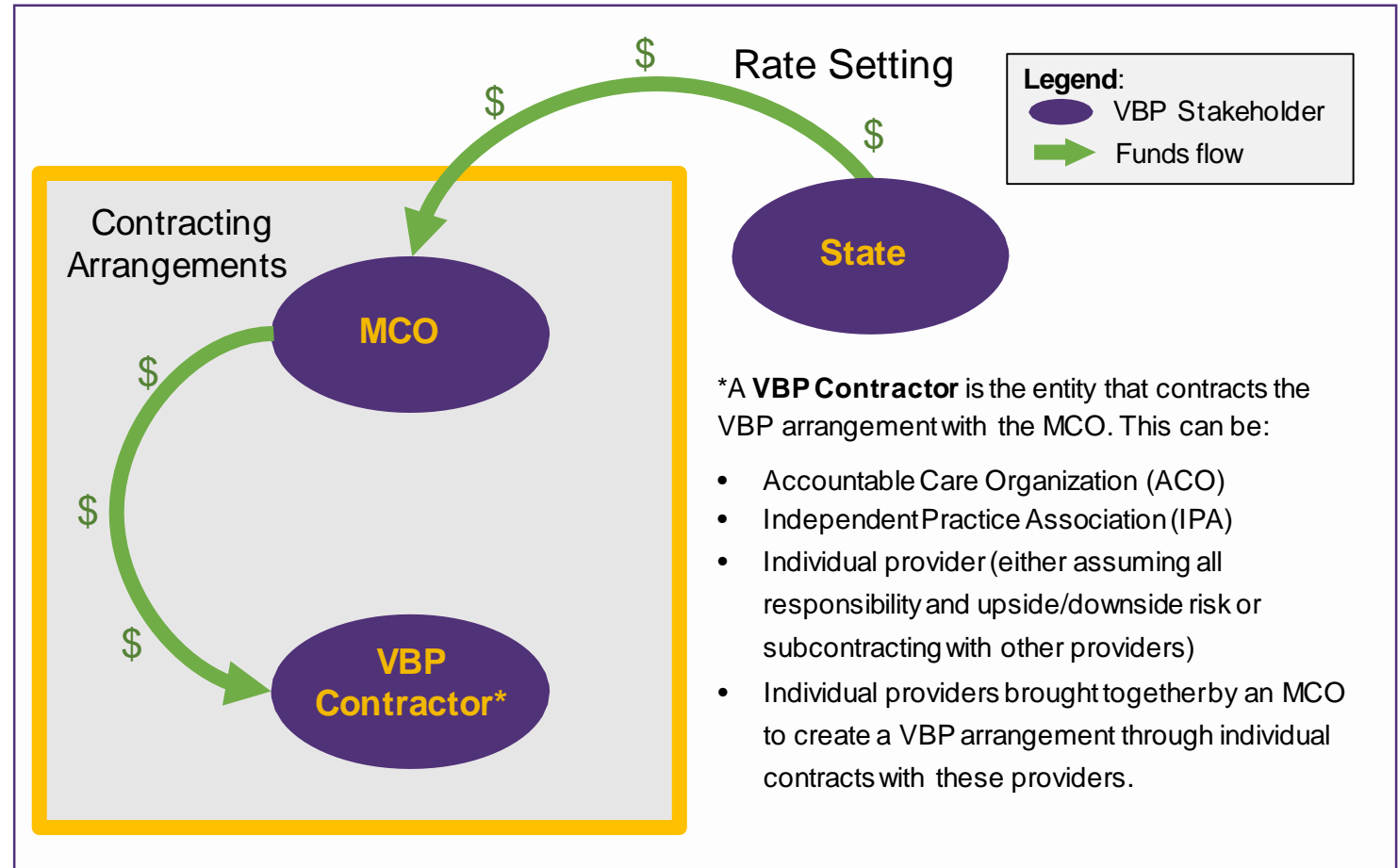
Today's Discussion Will Focus on the VBP Contractor to Managed Care Organization (MCO) Relationship

Role of Quality Measures in VBP Contracting

- According to VBP Contracting Guidelines, quality performance impacts the target budget set by the MCO for the VBP Contractor.

High/Low Quality = Higher/Lower Target Budget

- Quality Performance also determines percentages of savings / losses shared with VBP contractor.



*A **VBP Contractor** is the entity that contracts the VBP arrangement with the MCO. This can be:

- Accountable Care Organization (ACO)
- Independent Practice Association (IPA)
- Individual provider (either assuming all responsibility and upside/downside risk or subcontracting with other providers)
- Individual providers brought together by an MCO to create a VBP arrangement through individual contracts with these providers.

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.

Key Considerations When Including Quality Measures in Your VBP Contract

Key Considerations When Including Quality Measures in Your VBP Contract

- Strong linkages between the clinical practice and the contracting office will be critical to creating a holistic measurement strategy in preparation for negotiations with the MCOs. To consider before contracting:
 - What are your current Quality Improvement (QI) programs and how can you align your current QI goals with measures to include in managed care contracts?
 - Is your provider group already reporting quality data to the MCO? If so, how can you align those programs?
 - How will the contracted arrangement incorporate quality measures outlined in the relevant [VBP Measure Set](#)?
 - When adding new measures into your contract, consider whether your contracting provider sites are able to collect the data that would be necessary to calculate measure results.
 - What will be the administrative burden of the data acquisition at the provider site level and the subsequent data transfer to the MCO?

Key Considerations When Including Quality Measures in Your VBP Contract (Cont.)

- Establish and further a collaborative relationship with the Plan. You are partners in VBP.
 - Build a plan for measuring baseline performance and setting performance goals that work for MCO and provider.
 - Work with the MCO to clearly define expectations and timeline for reporting of measure data elements.
 - Include processes for data extraction, submission, and validation and the anticipated resource requirements (staff, time, and associated costs).
 - Processes should be transparent and both parties should understand expectations and agree on procedures for:
 - validation of calculated performance rates;
 - production of interim and final quality measure feedback reports; and
 - the process to request a review and correction of any perceived errors.

Approach for Episode Based Arrangements

Consideration of measurement population and episode-based arrangements.

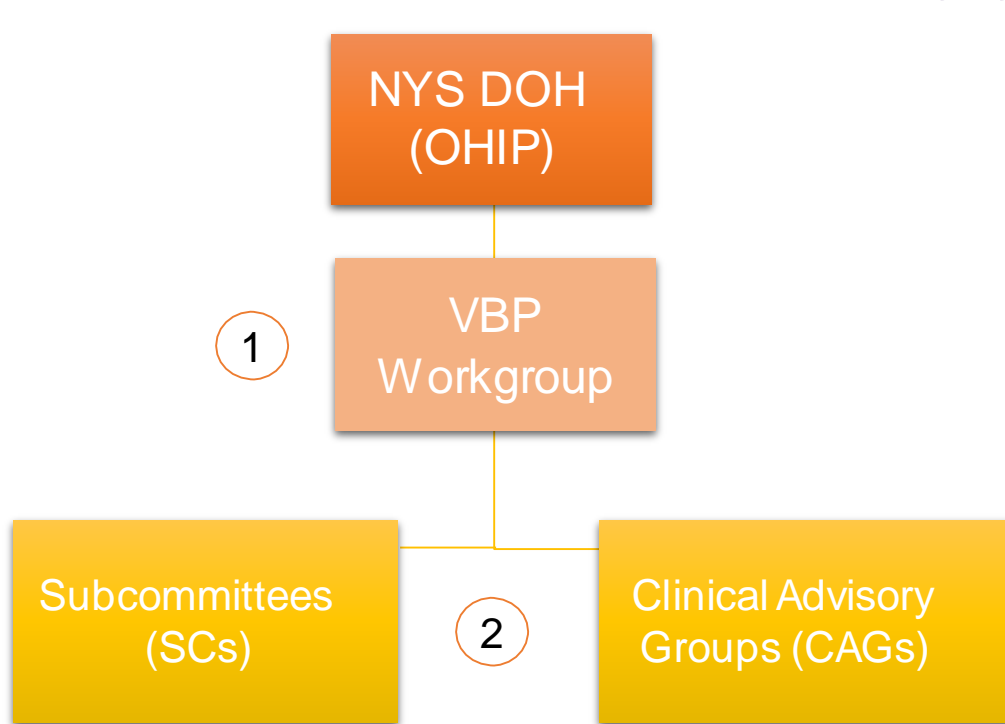
- Episode-based arrangements include a subset of the population based on clinical episodes of care.
 - Members are attributed to the arrangement via criteria specific to that episode of care.
- VBP contractors and MCOs should clearly define the approach for determining the population for quality measurement, including the members eligible for inclusion in the denominator population, when contracting episode-based arrangements.

Visit the [DSRIP VBP Resource Library](#) for more information on episode-based VBP arrangements and Fact Sheets outlining the clinical episodes of care and criteria for member inclusion in the VBP Arrangement population.

Measure Set Development and Maintenance

Background: Developing the Initial VBP Quality Measure Recommendations

VBP Governance and Stakeholder Engagement



1 The **VBP Workgroup** is a governing body that consists of NYS Health Plans, MCOs, and representative organizations (including physicians, health plan associations, hospital associations, legal firms specializing in health care contracting, NYS HHS Agencies, CBOs, patient advocates, PPSs, and other industry experts). **Its goal is to develop strategy and monitor the implementation of VBP in NYS.**

2 The **VBP CAGs and SCs** were created to address the larger VBP design questions. Their charge was to produce initial recommendations for design solutions to the VBP Workgroup and to the State. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The scope of work for the CAG included the recommendation of an initial set of quality measures for each of the VBP arrangements.

Acronym Definition:
 Health and Human Services (HHS)
 Community Based Organization (CBO)
 Performing Provider System (PPS)
 Department of Health, Office of Health Insurance Programs (DOH OHIP)

Development of the Initial Quality Measure Recommendations for Each Arrangement*

Initial quality measure recommendations sought to align patient care goals and performance measurement across the enterprise to support VBP adoption.

- In 2015, 2016, and 2017:
 - Three physical health CAGs, one children's health CAG, and one behavioral health CAG met to review seven episodes of care and recommend measures for the Total Cost General Population (TCGP) and Integrated Primary Care (IPC) Arrangement Measure Sets.
 - The Integrated Care Workgroup discussed an Advanced Primary Care model, including quality measures for the model.
- The work of the CAGs and the Integrated Care Workgroup was combined to form a full measure set for use in the TCGP and IPC VBP arrangements.
- Upon receiving the Measure Set recommendations, the State conducted further feasibility review and analysis to define a final list of measures for inclusion in upcoming measurement years.

Clinical Care Delivery and Outcomes Addressed by CAGs & the Integrated Care Workgroup

Prevention & Sick Care

Physical Health Chronic Conditions

- Chronic Heart Disease
- Diabetes
- Pulmonary

Behavioral Health Chronic Conditions

- Depression & Anxiety
- Substance Use Disorder
- Bipolar Disorder
- Trauma & Stressor

*The TCGP/IPC Measure Set is used here for demonstration purposes. Please visit the [NY State DSRIP - Value Based Payment \(VBP\) Resource Library](#) to access additional information including CAG recommendation reports supporting the Maternity Care, HARP, HIV/AIDS, and MLTC VBP Arrangements.

Determining Feasibility of Quality Measures Reporting

Measure Feasibility focused on 9 factors:

- **Specification** – Does the measure have clear specification for data sources and methods for data collection and reporting?
- **Reasonable Cost** – Does the measure impose an inappropriate burden on health care systems?
- **Confidentiality** – Does the data collection violate accepted standards of member confidentiality?
- **Logistical Feasibility** – Is the required data available for the specified reporting source?
- **Auditability** – Is the measure susceptible to manipulation or “gaming” that would be undetectable in an audit?
- **NYS Guidelines** – Does the measure conflict with current accepted NYS guidelines?
- **Duplicate Measures** – Does the measure conflict with, or is a duplicate of, other measures in the same or related set?
- **High Performance** – Has statewide performance already topped out on this measure?
- **Sample Size** – Is there sufficient sample size at the VBP contractor level?

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.

TCGP/IPC Quality Measure Set*

Category 1 P4P Measures

Claims-Based Measures

- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
- Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment
- Breast Cancer Screening
- Chlamydia Screening for Women
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
- Initiation of Pharmacotherapy for Opioid Use Disorder
- Medication Management for People With Asthma (ages 5 - 64)
– 50 % and 75% of Treatment Days Covered

Non-claim Based Measures

- Cervical Cancer Screening
- Childhood Immunization Status
- Colorectal Cancer Screening
- Comprehensive Diabetes Care: All Three Tests (Retinal Eye Exam, HbA1c, and Medical Attention for Nephropathy)
- Comprehensive Diabetes Care: Eye Exam (retinal) performed
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing [performed]
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Controlling High Blood Pressure
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

* The *Total Care for General Population / Integrated Primary Care Value Based Payment Quality Measure Set, Measurement Year 2017* document contains the complete list of measures for TCGP and IPC Arrangements. ([Link](#))

Category 2 and 3 Measures

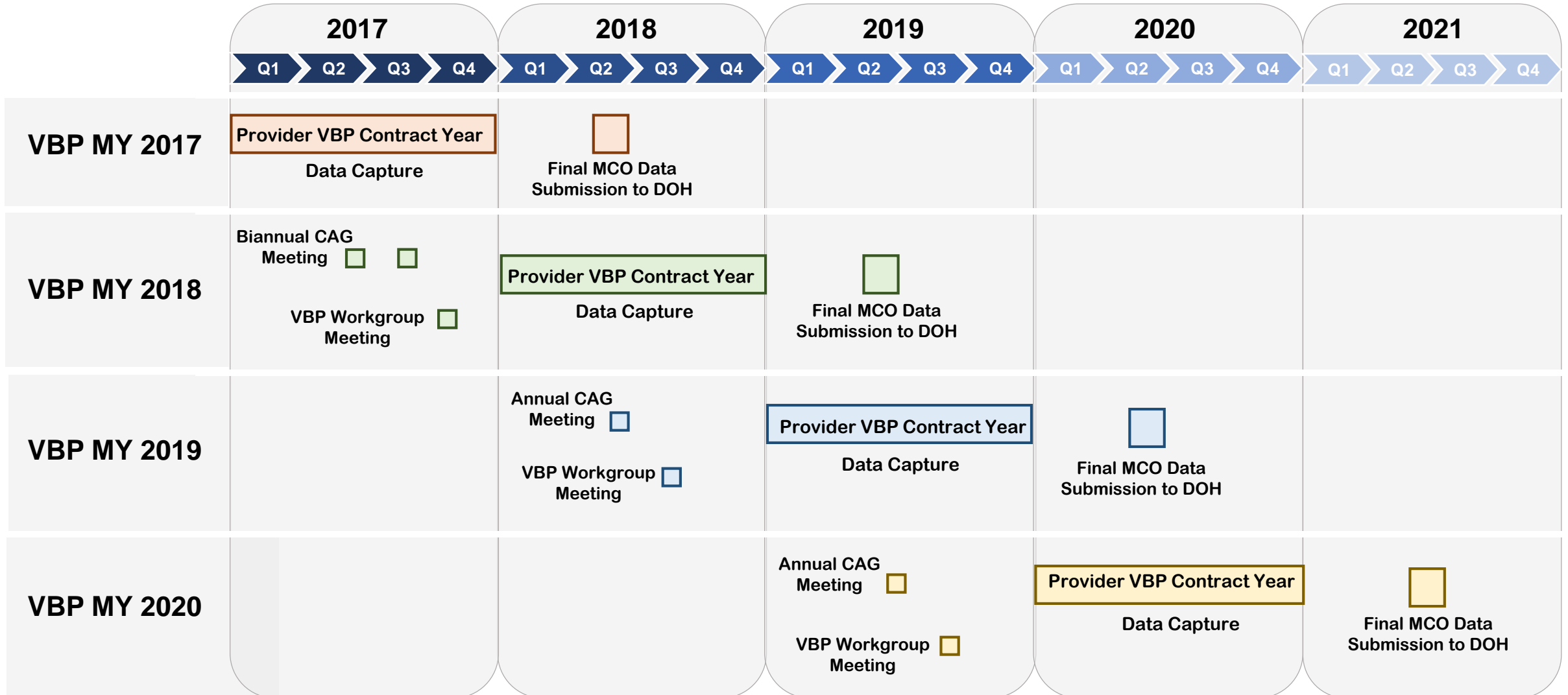
Category 2

- Category 2 measures have been accepted by the State based on agreement of measure importance, but flagged as presenting concerns regarding implementation feasibility.
- The State requires that VBP Pilots make a good faith effort to explore reporting feasibility for Category 2 measures by including them in their contracting arrangements where possible.
- Plans participating in the Pilot Program were required to include a minimum of two Category 2 measures per arrangement to report on in their contracting arrangements, or have a State and Plan approved alternative.
- VBP Pilot participants will be expected to share meaningful feedback on the feasibility of Category 2 measures when the CAGs reconvene. The State will discuss measure testing approach, data collection, and reporting requirements with VBP pilots at a future date.

Category 3

- Category 3 measures were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for the VBP arrangement. These measures will not be tested in pilots or included in VBP at this time.

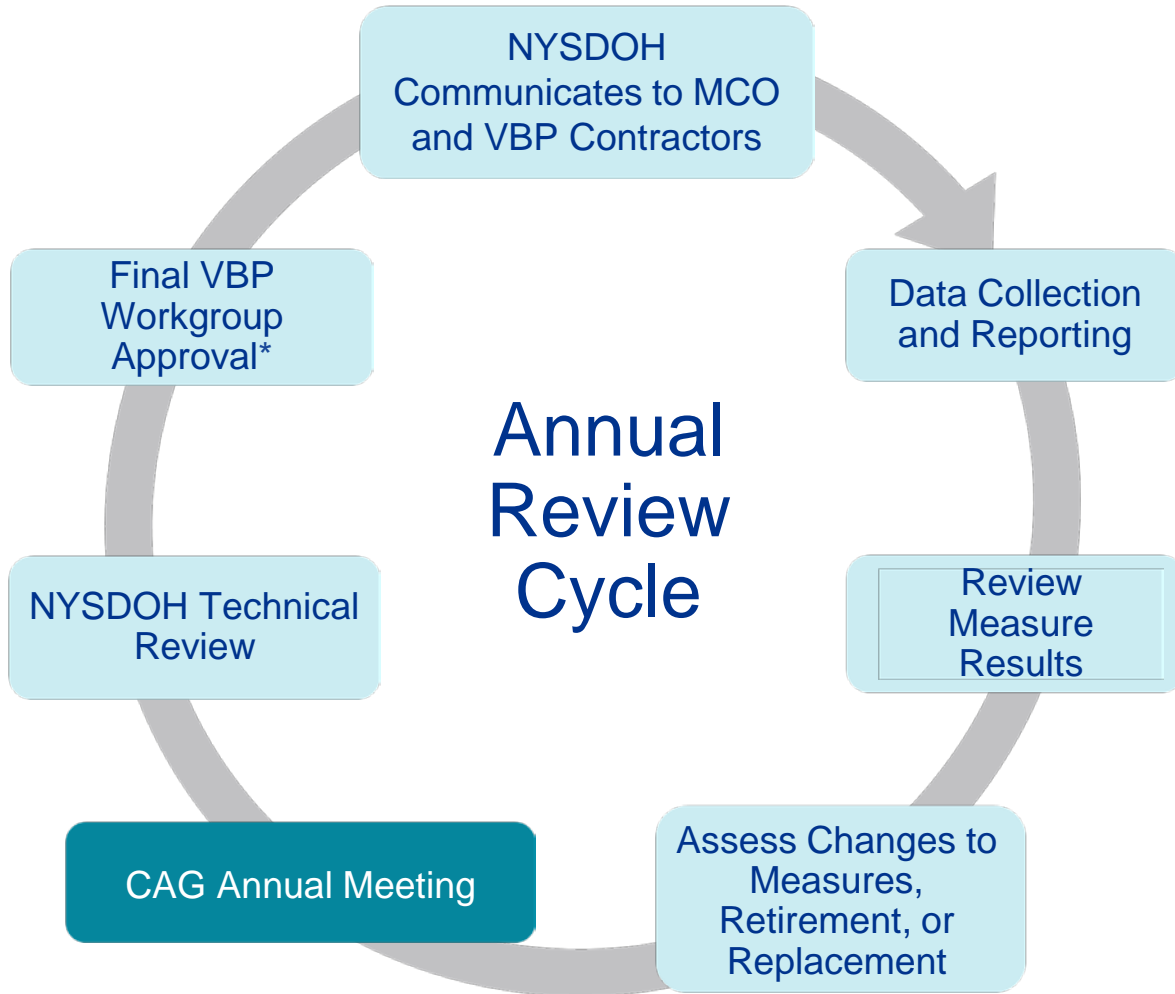
VBP Contracting, Measure Implementation and Reporting Timeline



Annual Measure Review Cycle

VBP Arrangement Quality Measure Set Development and Maintenance

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 conceptual gaps in the measurement program

New York State Department of Health (NYSDOH) and 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)

* Final Workgroup approval will occur annually in September/ October

Quality Measure Set Development and Maintenance

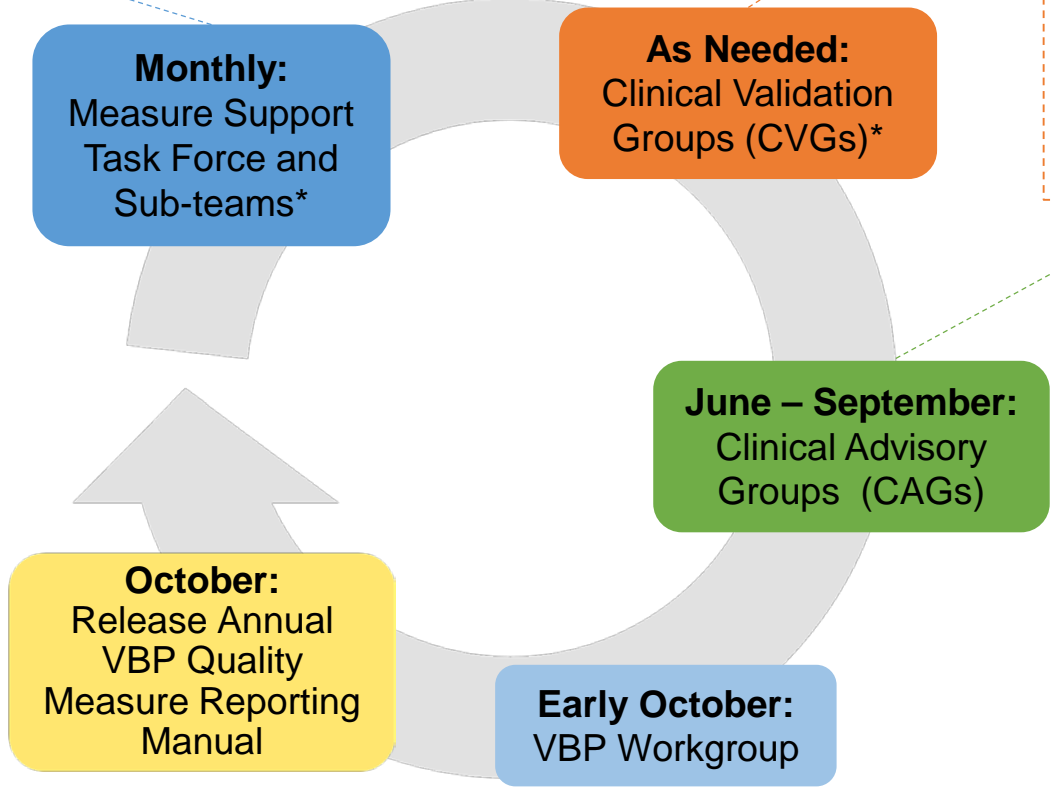
2017-2018 Measure Review Process

Purpose: Review feedback from VBP Pilot Contractors and Managed Care Organizations (MCOs) as it relates to feasibility of data collection and reporting at a VBP Contractor unit of analysis.

- **Cadence:** General Committee: Bi-monthly; Sub-teams: Monthly
- **Stakeholders:** Quality Measurement Professionals, VBP Pilots (Plans and Contractors)

Sub-teams:

- Behavioral Health (BH) / Health and Recovery Plan (HARP)
- Health Information Technology (HIT)-Enabled Quality Measurement
- HIV/AIDS
- Maternity
- Total Care for the General Population (TCGP) / Integrated Primary Care (IPC)



Purpose: Define and refine the episodes of care for each VBP Arrangement as well as for each Potentially Avoidable Complication (PAC) measure.

- **Cadence:** As necessary
- **Stakeholders:** New York State (NYS) Agencies** (OHIP, OQPS, OMH, OASAS, etc.) and Altarum

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)

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.

Stakeholder Engagement

2017-2018 Annual Update Cycle Measure Review Process

Department of Health Approach

Clinical Advisory Groups

The CAG activities focused on refining the priority clinical and care delivery goals for the VBP arrangement measure sets, providing recommendations for future measure development and inclusion within the measure sets to drive improvement and achieve results per VBP Roadmap.

Measure Support Task Force

The Measure Support Task Force reviewed the VBP arrangement measure sets to assist in building a clear picture of the current state and anticipated challenges regarding data capture, data flows, and the approaches taken by MCOs and provider organizations in the selection and utilization of measures within quality programs and VBP contracting.

Public Comment and Survey

In addition to the workgroups above, the state pursued additional outreach efforts including public engagement through request for comment on measurement specifications and a survey of the current state and challenges of measure implementation and reporting.

12 Week Intensive Stakeholder Review Process

50+

Represented Groups
and Organizations

45+

Meeting Hours

200+

Stakeholders
Engaged



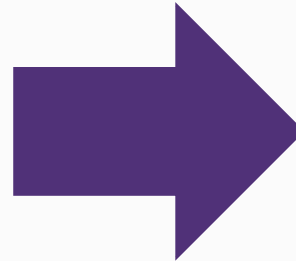
Strategic Guidance and VBP Measurement Priorities

Providing strategic direction for measure development work and inclusion in future VBP Measure Sets

The Role of the CAGs: Then and Now

Recommendations for the Initial Measure Sets

The **VBP CAGs** and subcommittees were created to address the larger VBP design questions. Their charge was to produce recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs' scope of work included selecting Quality Measures for specific arrangements.



Identification of VBP Measurement Targets and Gaps

The CAG will focus its activities on refining the priority clinical and care delivery goals for the VBP Arrangements and providing recommendations, on an annual basis, to revise, strengthen, and improve the priority goals that will serve as the guide for long-term VBP Measure Set strategy, development and implementation.

The CAG will meet each year to review, identify, and fill critical gaps in the clinical and care delivery goals specific to the Medicaid population. The focus will be on **significant changes in the evidence base and clinical guidelines, along with opportunities for improvement** identified through experience in clinical practice and feedback from MCOs and VBP contractors.

VBP Measure Set Development: Crawl, Walk, Run!

Crawl



Walk



Run

Status in VBP	<ul style="list-style-type: none"> Several measures require final specifications and/or clinical or other data elements 	<ul style="list-style-type: none"> Work with measure stewards to develop and finalize specifications 	<ul style="list-style-type: none"> Fully developed VBP measures included in Measurement Years 2018 and 2019
Data Availability and Sources	<ul style="list-style-type: none"> Assess data availability Identify and investigate potential data sources Survey technological capabilities 	<ul style="list-style-type: none"> Implement new data and reporting flows Develop additional data sources 	<ul style="list-style-type: none"> Coordination established with Qualified Entities (QEs) for clinical data integration
Data Collection and Infrastructure	<ul style="list-style-type: none"> Gather requirements for data collection Begin developing infrastructure to support new data sources 	<ul style="list-style-type: none"> Initiate testing and evaluation of data collection methodologies Work closely with technology vendors 	<ul style="list-style-type: none"> Data and reporting flows have been established New data source infrastructure established

Note: Timelines will vary. The intent is to make substantive contributions within each phase to help realize NYS VBP Roadmap goals.

Review: Types of Clinical Quality Measures

	CLINICAL QUALITY MEASURES			
	Administrative/ Claims-Based	Hybrid	Proxy	eCQM
Numerator	Derived from Claims	Derived from Claims & Medical Record Review	Derived from EHR or CDR	Derived from EHR or CDR
Denominator	Derived from Claims	Derived from Claims	Derived from EHR or CDR	Derived from EHR or CDR
Additional Information	Supplemental data may also be used to identify numerator events & denominator exclusions	A sample of the population is targeted chart review	Approximates specification using available electronic data. May “loosen” the spec. to account for data gaps	Specification is used to build a query of the clinical data source; specs have known limitations
Uses/ Example	Health plans HEDIS reporting/ APC/ VBP	Health plans HEDIS reporting/ APC/ VBP	QEs generating measures to drive pop. Health management	MU Attestation

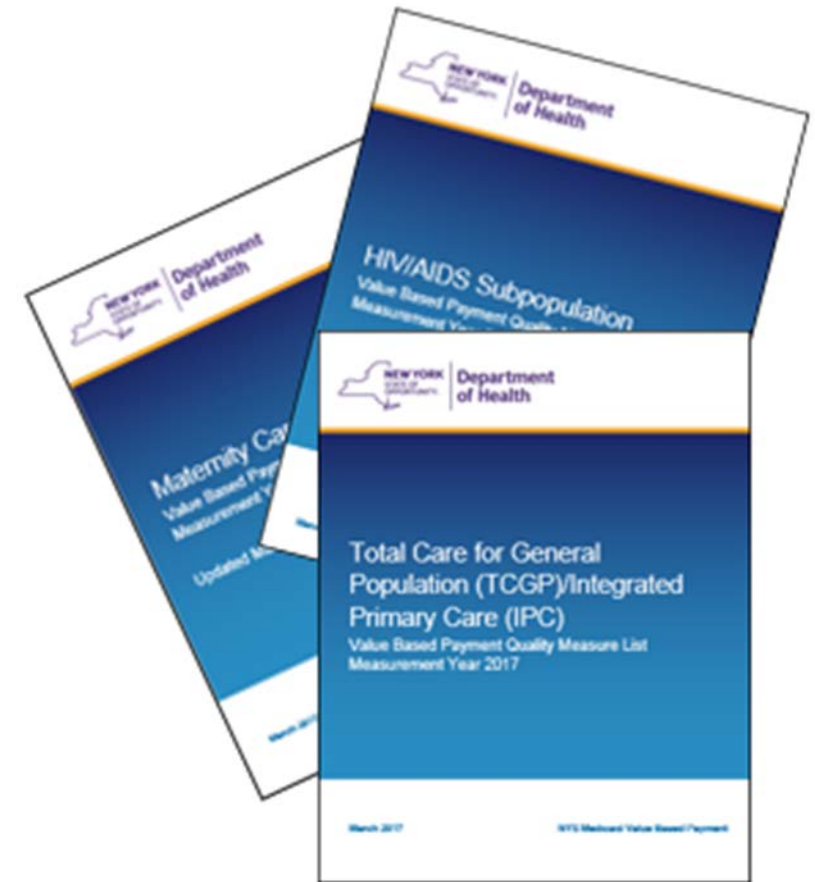
Source: NYSTEC, June 2017

Acronyms: EHR: Electronic Health Records; CDR: Clinical Data Repository; HEDIS: Healthcare Effectiveness Data and Information Set; APC: Advanced Primary Care; QE: Qualified Entities; MU: Meaningful Use

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](#))



TCGP/ IPC VBP Quality Measure Set for Measurement Year 2018

MY 2018 TCGP/ IPC VBP Quality Measure Set (1/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P
Adolescent immunization rate, including rate for HPV (NQF 1407)	NCQA	1407	Cat 1 P4P
Adolescent well-care visit rate	NCQA		Cat 1 P4R
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	105	Cat 1 P4P
Assessment and counseling of adolescents on sexual activity, tobacco use, alcohol and drug use, depression (four-part measure)	NYS		Cat 1 P4R
Breast Cancer Screening	NCQA	2372	Cat 1 P4P
Cervical Cancer Screening	NCQA	32	Cat 1 P4P
Childhood Immunization Status	NCQA	38	Cat 1 P4P
Children ages 2-20 having annual dental visit	NYS		Cat 1 P4R
Chlamydia Screening for Women	NCQA	33	Cat 1 P4P
Colorectal Cancer Screening	NCQA	34	Cat 1 P4P

MY 2018 TCGP/ IPC VBP Quality Measure Set (2/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	55	Cat 1 P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	56	Cat 1 P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	575	Cat 1 P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	59	Cat 1 P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	57	Cat 1 P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	62	Cat 1 P4P
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P
Controlling High Blood Pressure	NCQA	18	Cat 1 P4P
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P
Follow-up care for children prescribed Rx for ADHD (NQF 0108):	NCQA	108	Cat 1 P4R
Frequency of well-child visits during the first 15 months of life (NQF 1392)	NCQA	1392	Cat 1 P4P

MY 2018 TCGP/ IPC VBP Quality Measure Set (3/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Frequency of well-child visits, ages 3 to 6 (NQF 1516)	NCQA	1516	Cat 1 P4P
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	4	Cat 1 P4P
Initiation of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 1 P4P
Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P
PDI #14 asthma admission rate, ages 2 through 17 years	AHRQ		Cat 1 P4P
Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care	Altarum	Not endorsed	Cat 1 P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	421	Cat 1 P4R
Preventive Care and Screening: Influenza Immunization	AMA PCPI	41	Cat 1 P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	418	Cat 1 P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	28	Cat 1 P4R

MY 2018 TCGP/ IPC VBP Quality Measure Set (4/4)

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R
Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	577	Cat 1 P4R
Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	Cat 1 P4R
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	24	Cat 1 P4P

MY 2018 TCGP/ IPC VBP Quality Measure Set (1/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	OASAS	Not endorsed	Cat 2
Continuity of Care (CoC) Within 14 Days of Discharge From Any Level of SUD Inpatient Care	OASAS	Not endorsed	Cat 2
Developmental screening using standardized tool, first 36 months of life (NQF 1448)	Oregon Health & Science University	1448	Cat 2
Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older	NCQA		Cat 2
Follow-up after ED visit for mental illness, ages 6 and older	NCQA		Cat 2
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	TJC	338	Cat 2
Initiation of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	Cat 2
Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2
Maternal depression screen done during child's first 6 months of life	NCQA		Cat 2
Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2

MY 2018 TCGP/ IPC VBP Quality Measure Set (2/2)

Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Screening for Reduced Visual Acuity and Referral in Children (NQF 2721—approved for trial use)	CMS	2721	Cat 2
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	ADA	2528	Cat 2
Use of first-line psychosocial care for children and adolescents on antipsychotics	NCQA	2801	Cat 2
Utilization of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 2

Q&A


Check for Understanding

Question #1: How many Category 1 P4P quality measures (those used for shared savings) are required to be used in a VBP contract?

- A. ALL Category 1 P4P measures included in the measure set.
- ✓ B. A minimum of ONE Category 1 P4P measure.
- C. No specific requirement. It is up to the Plan and VBP Contractor to decide.

Check for Understanding

Question #2: Which of the following statements is consistent with the State's recommended guidelines regarding quality performance in VBP contracts?

- A. Performance on quality measures should factor into the adjustment of the target budget set by the MCO and VBP contractor at the beginning of the contracting period.
- B. Performance on quality measures should factor into the determination of shared savings / losses.
- C. VBP contractors will not earn shared savings without meeting minimum quality thresholds.
-  D. All of the above
- E. None of the above

The above guidelines are ultimately subject to negotiation between Plans and Providers. However Plans' rates will be adjusted based on this guideline, so it is anticipated that these incentives will trickle down to Plan-to-Provider contracts.

Check for Understanding

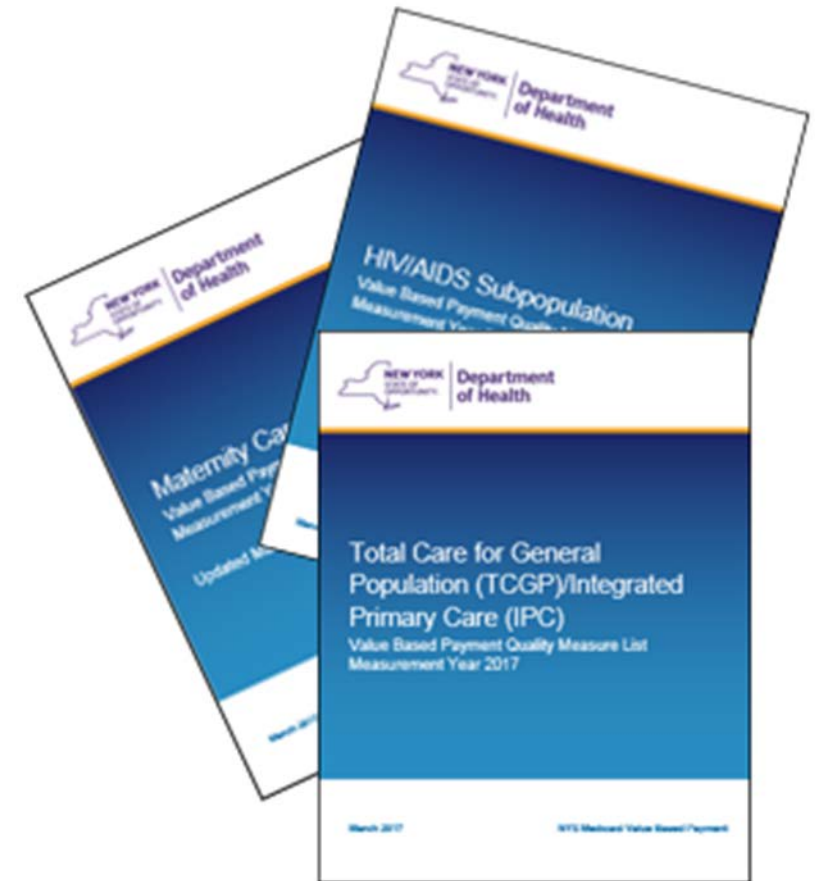
Question #3: Which of the following are potential mechanisms for updating the quality measure sets?

- A. Recommendations to the VBP Workgroup from the Clinical Advisory Groups.
- B. The whimsy of the State.
- C. Input on the feasibility of data collection at the VBP Contractor level provided by the Measure Support Task Force.
- ✓ D. A. and C.
- E. None of the above

The VBP quality measure sets will be reviewed annually with input from a variety of stakeholders including the Clinical Advisory Groups, the Measure Support Task Force Sub-teams, and various other organizations. The annual review process will ensure the measure set continues evolving in order to meet key clinical and care delivery goals.

Key Takeaways

- The VBP Performance Measurement program was designed to allow **maximum flexibility** between the VBP Contractor and MCO.
- Performance on the selected P4P measures determines the **percentage of savings/losses shared** with VBP contractors.
- How **performance improvement on each P4P measure** is determined is between the MCO and the VBP Contractor.
- 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. ([Link](#))
- The **VBP Measure Specification and Reporting Manual** will be released alongside the QARR reporting manual in late October of the measurement year.



A Closing Poem...

***VBP brings efficiencies,
Yet more than that drives Quality.
VBP distributes Equally,
And Best of all, promotes being Health-y.***

Thank you!

Questions?

Please send questions and feedback to:

vbp@health.ny.gov