



**Department
of Health**

Medicaid
Redesign Team

HARP/Behavioral Health Task Force Sub-team Meeting #3

Douglas G. Fish, MD

Medical Director, Division of Program Development & Management

Office of Health Insurance Programs

Lindsay Cogan, PhD, MS

Director, Division of Quality Measurement

Office of Quality and Patient Safety

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Agenda

- High-level Strategy Review
- Claims-based Measures
- “Crawl” Strategy Proposal for Non-claims Based Measures
- Non-claims Based HARP Category 1 *Physical Health* Measures in QARR
- Public Comment Period Reminder
- Draft HARP-specific Measures
- Open Forum

VBP Measure Set Development: *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.

Claims-based Measures: Interim Category 1 Measure Collection Strategy

- Leveraging the Advanced Primary Care Scorecard Data Collection request
 - Initial request made to plans on May 24, 2017
 - Aligns closely with QARR and TCGP/ IPC Quality Measure Sets
 - Provide a modified version of NCQA's Patient Level Detail (PLD)
 - Adding provider/practice that the member was attributed to using your own plan's attribution methodology
 - DOH to aggregate across plans for full VBP Contractor and Arrangement view
- State would require provider attribution file by VBP Arrangement

Proposed Strategy as Part of the “Crawl” Step

- Based on the recent feedback from the Managed Care Organizations, a proposed interim solution for MY 2017 is to report non-claims based Category 1 measures that are also in QARR using the Administrative specifications.
- Recommendation to include HARP-specific measures as part of QARR

Public Comment Period Reminder: Measure Development

- Several Behavioral Health and HARP measures require development.
- Steps in the process include:
 - Creation of measure concept and draft technical specifications
 - Review of specifications with edits
 - Updated based on edits and finalized
 - **Post measure for 30-day public comment period**
 - Test Technical Specifications
 - Review Results/Feedback
 - Finalize Specifications
 - Data Validation
- Pilots and the Measure Feasibility Task Force sub-team will assist with development.



The Public Comment Period is now open for these measures. Comments and questions specifically relating to the measures should be submitted in writing via the Public Comment Submission Form by September 11th to vbp@health.ny.gov.

Please see the MRT announcement email from August 11th.

Public Comment: DRAFT HARP Measures (Category 1)

Control No	Proposed New Measure	Description	Arrangement Type(s)	Measure Classification (if Cat 1) or Steward (if Cat 2)	Category
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.	HARP	P4P	1
			TCGP/IPC	NYS OASAS	2
			HIV/AIDS	NYS OASAS	2
2	Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment 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.	HARP	P4P	1
			TCGP/IPC	NYS OASAS	2
			HIV/AIDS	NYS OASAS	2
3	Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	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.	HARP	P4P	1
			TCGP/IPC	P4P	1
			HIV/AIDS	P4P	1
4	Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or 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.	HARP	P4R	1
			TCGP/IPC	P4R	1
			HIV/AIDS	P4R	1
5	Maintaining/Improving Employment or Higher Education Status	The percentage of Community Mental Health (CMH) assessed members who were employed or enrolled in formal education at the second assessment point.	HARP	P4R	1
6	Maintenance of Stable or Improved Housing Status	The percentage of Community Mental Health (CMH) assessed members with maintenance of stable or improved housing status.	HARP	P4R	1
			HIV/AIDS	HRSA	2
7	No or Reduced Criminal Justice Involvement	The percentage of Community Mental Health (CMH) assessed members with no or reduced criminal justice involvement.	HARP	P4R	1
8	Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)	The percentage of HARP enrolled members who received either Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS) PROS or HCBS for at least 3 months in the measurement year.	HARP	P4R	1
9	Potentially Preventable Mental Health Related Readmission Rate 30 Days	The percentage of at-risk admissions for Mental Health that result in a clinically related readmission within 30 days.	HARP	P4P	1

*Note – MCOs are responsible for the TCGP/IPC measures in HARP arrangements
Additional comments can be submitted as part of the public comment period.*

Public Comment: Preliminary Results All Medicaid

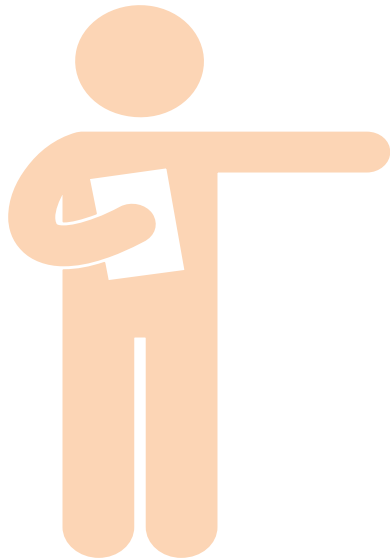
Control No	Proposed New Measure	Description	Numerator	Denominator	Rate
1	Continuity of Care from Inpatient Detox to Lower Level of Care *	The percentage of inpatient detox discharges for members 13 years of age and older with a diagnosis of alcohol and other drug (AOD) dependence, who had a follow-up lower level visit for AOD within 14 days of the discharge date.	13,288	29,191	45.5
2	Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment 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.	10,777	23,910	45.1
3	Initiation of Pharmacotherapy upon New Episode of Opioid Dependence *	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.	16,092	54,048	29.8
4	Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or 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.	2,663	114,071	2.3
5	Maintaining/Improving Employment or Higher Education Status **	The percentage of Community Mental Health (CMH) assessed members who were employed or enrolled in formal education at the second assessment point.	30	286	10
6	Maintenance of Stable or Improved Housing Status **	The percentage of Community Mental Health (CMH) assessed members with maintenance of stable or improved housing status.	265	280	95
7	No or Reduced Criminal Justice Involvement **	The percentage of Community Mental Health (CMH) assessed members with no or reduced criminal justice involvement.	277	286	97
8	Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS) *	The percentage of HARP enrolled members who received either Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS) PROS or HCBS for at least 3 months in the measurement year.	855	30,065	3
9	Potentially Preventable Mental Health Related Readmission Rate 30 Days ***	The percentage of at-risk admissions for Mental Health that result in a clinically related readmission within 30 days.	4,555	23,400	19.5

* 2016 measurement year

** 2015-2017 Community Mental Health (CMH) assessed members enrolled in a HARP health plan

*** 2014 measurement year

Open Forum



Are there any additional areas of concern that you have with respect to the new measures?

If you have additional questions, please contact the VBP mailbox: **vbp@health.ny.gov**

Meeting Schedule

- Upcoming meetings:
 - Please join us at the HIT Sub-team meeting this Thursday 4-5pm:
 - HIT Task Force Sub Team Meeting #3: 8/24 from 4:00 – 5:00
 - HARP/BH Task Force Sub Team Meeting #4: 9/28 from 9:00 – 10:00
 - HARP/BH Task Force Sub Team Meeting #5: 10/25 from 3:00 – 4:00
- Task Force General Meeting: 10/4 from 4:00 – 5:00
- Additional materials and meeting information will be sent out in the coming weeks