



**Department
of Health**

Medicaid
Redesign Team

Value Based Payment Quality Improvement Program (VBP QIP)

Update Webinar

February 15, 2017

Today's Agenda

- **VBP QIP Program Updates**
- **VBP QIP Facility Plan Guidance Document Updates**
- **DY3 Timeline and Q&A**

VBP QIP Program Updates

VBP QIP Financing

- The April 2016 rate package was approved at the end of 2016.
 - Managed Care Organizations (MCOs) should have received the funds on December 28, 2016.
 - MCOs should distribute funds in accordance with their contracts.
- The official recoupment of advances is currently taking place and may occur in multiple cycles.
- For any VBP QIP financing questions, please contact bmcr@health.ny.gov

VBP QIP MCO Governance Documents

- Department of Health (DOH) will release the Group 2 MCOs' Governance Documents by **Thursday, February 23rd, 2017**.
 - DOH will provide feedback to MCOs, which can be used to solidify their approach for overseeing VBP QIP.
- Updates to the governance documents must be submitted by DOH by **Friday, March 24th, 2017**.

VBP QIP Facility Plan Guidance Document Updates

P4P Measure Changes

- DOH has removed VTE-1 from the menu because CMS removed the measure from the hospital IQR Program as of January 1, 2016.

#	Measure Name	Data Steward	Focus Area/Domain
1	Acute MI Mortality (IQI #15)	AHRQ	Mortality
2	Stroke Mortality (IQI #17)	AHRQ	Mortality
3	Pneumonia Mortality (IQI #20)	AHRQ	Mortality
4	CAUTI Rate per 10,000 Patient Days (Population Rate)	NHSN	Hospital Acquired Conditions
5	CLABSI per 10,000 Patient Days (Population Rate)	NHSN	Hospital Acquired Conditions
6	CDI Healthcare Facility - Onset Incidence Rate per 10,000 Patient Days	NHSN	Hospital Acquired Conditions
7	Falls with Injury	National Quality Forum	Hospital Acquired Conditions
8	3-Hour Sepsis Bundle	NYSDOH	Hospital Acquired Conditions
9	VTE-1 Venous Thromboembolism Prophylaxis	Joint Commission	Hospital Acquired Conditions
10	Prevalence Rate of Facility – Acquired Pressure Ulcers of Stage 2 or Higher per 100 Patients	National Quality Forum	Hospital Acquired Conditions
11	Episiotomy Rate	Christiana Care Health System	Maternity
12	Primary C-Section (IQI #33)	AHRQ	Maternity
13	Avoidable ED Use	3M	Utilization
14	Avoidable Admissions	3M	Utilization

Measure removed

Acronyms: AHRQ (Agency for Healthcare Research and Quality), NHSN (National Healthcare Safety Network)

Pay for Performance (P4P) Measure Denominators

- DOH worked with hospital and plan associations to conduct further analysis on denominators across facilities for the menu of measures.
- The analysis did not reveal any significant issues that would prohibit facilities from meeting thresholds of 30 across a rolling annual calculation for most measures on the menu.
- A denominator of 30 is required for a measure to be deemed valid in a reporting period.
- For questions on VBP QIP quality measures, please email the SPARCS BML at sparcs.submissions@health.ny.gov with “VBP QIP Measures” in the title.

Invalid Denominators

- If a Facility selects a measure where the denominator is less than 30 for a given reporting period, the measure's performance cannot count as achieved for the reporting period.
 - If multiple denominators are invalid during the same reporting period, more of the valid measures will need to be achieved for a facility to earn full payment for the period. Performance for at least 4 measures will need to be achieved in a reporting period for the facility to earn full payment for that period.
 - If 3 or more measures have invalid denominators during a reporting period, the facility will earn up to the amount of achieved valid measures. Since less than 4 valid measures can be achieved, unearned P4P dollars will be available through the AIT.
- A measure with a rolling annual denominator less than 30 during a quarterly reporting period will not be valid in the next quarterly reporting period either, because there will not be a valid rolling annual quarter to serve as a baseline.
Please see example on next slide...

Invalid Denominators Example

Quarterly Improvement Target Achievement

Measure	DY4 Q1				DY4 Q2			
	Denom.	Denom Valid?	Measure Valid?	Needed Achievement	Denom.	Denom Valid?	Measure Valid?	Needed Achievement
Measure 1	25	No		3/3*	40	Yes		3/3*
Measure 2	68	Yes	✓		78	Yes	✓	
Measure 3	29	No			78	Yes		
Measure 4	90	Yes	✓		95	Yes	✓	
Measure 5	109	Yes	✓		101	Yes	✓	
Measure 6	26	No			32	Yes		

3 measures are invalid due to denominators less than 30. Since the Facility is required to achieve 4 out of 6 measures to receive 100% of the quarterly award amount, the Facility could only receive a maximum of 75% of the quarterly award amount in DY4 Q1 if it achieves 3 out of 3 of the remaining measures.

Although the 6 measures have denominators of at least 30, the 3 measures that were invalid last quarter are still invalid because there is no baseline from the prior quarter to measure the current quarter against. Since the Facility is required to achieve 4 out of 6 measures to receive 100% of the quarterly award amount, the Facility could only receive a maximum of 75% of the quarterly award amount in DY4 Q2 if it achieves 3 out of 3 of the remaining measures.

* Facilities are required to achieve at least 4 measures to receive 100% of awards. Since the Facility only has 3 valid measures, the maximum amount it can receive is 75% of the award for achieving 3 out of 3 measures.

Quarterly Improvement Target Achievement

Measure	DY4 Q3				DY4 Q4			
	Denom.	Denom Valid?	Measure Valid?	Needed Achievement	Denom.	Denom Valid?	Measure Valid?	Needed Achievement
Measure 1	33	Yes	✓	4/6	39	Yes	✓	4/5
Measure 2	72	Yes	✓		77	Yes	✓	
Measure 3	84	Yes	✓		86	Yes	✓	
Measure 4	90	Yes	✓		88	Yes	✓	
Measure 5	97	Yes	✓		100	Yes	✓	
Measure 6	35	Yes	✓		29	No		

All 6 measures have valid denominators. The 3 measures that were originally invalid in DY4 Q1 because of low denominators are now valid because they have denominators above 30 and a baseline from the previous quarter. Facility needs to achieve at least 4 out of 6 measures to receive 100% of the DY4 Q3 award amount.

Measure 6 becomes invalid again due to a denominator less than 30. The Facility is required to achieve 4 out of 5 valid measures to receive 100% of the DY4 Q4 award amount.

Invalid Denominators Example cont.

Annual Improvement Target Achievement

Measure	Valid for DY4 AIT?	Measure Valid?	Needed Achievement/ Valid Measures
Measure 1	Yes	✓	Facility has the opportunity to earn back unearned funds from DY4 Q1 and Q2. Since Measure 6 had two or more instances of denominators under 30 during the year, the measure is invalid for AIT. Therefore, the facility needs to achieve at least 4 out of the 5 remaining measures to receive 100% of the remaining funds.
Measure 2	Yes	✓	
Measure 3	Yes	✓	
Measure 4	Yes	✓	
Measure 5	Yes	✓	
Measure 6	No		

Annual Improvement Target Requirements

- For Demonstration Year (DY) 4 and DY5, the following criteria must be met for a measure to be considered achieved in AIT:
 - The Annual Measurement Period result must be better than the Annual Baseline Period result (performance improves over the baseline); **AND**
 - The facility must achieve a result for the Annual Measurement Period that is better than the New York State (NYS) mean results for the specific measure as per the most recently published report by the specified data source (AHRQ, NHSN, National Quality Forum, etc.).

AIT Measures for Comparison

- The mean data in the chart below is the most recent data available for illustrative purposes only.
- The Office of Quality and Patient Safety (OQPS) will release the NYS mean results for DY4 in June 2017. Mean data will be pulled based on the most recent data available as of May 1, 2017.

#	Measure Name	Data Steward	Focus Area/Domain	Units	Data Source	Period	Rate, Mean (30 or More Disch)
1	Acute MI Mortality (IQI #15)	AHRQ	Mortality	Rate per 1000 Discharges	NYSDOH (SPARCS)	2014	84.26046203
2	Stroke Mortality (IQI #17)	AHRQ	Mortality	Rate per 1000 Discharges	NYSDOH (SPARCS)	2014	90.30177843
3	Pneumonia Mortality (IQI #20)	AHRQ	Mortality	Rate per 1000 Discharges	NYSDOH (SPARCS)	2014	39.96730851
4	CAUTI Rate per 10,000 Patient Days (Population Rate)	NHSN	Hospital Acquired Conditions	CAUTI Rate per 10,000 Patient Days	CMS	2015	12.7655862
5	CLABSI per 10,000 Patient Days (Population Rate)	NHSN	Hospital Acquired Conditions	CLABSI Rate per 10,000 Patient Days	CMS	2015	9.994533256
6	CDI Healthcare Facility - Onset Incidence Rate per 10,000 Patient Days	NHSN	Hospital Acquired Conditions	CDI Rate per 10,000 Patient Days	CMS	2015	6.025167055
7	Falls with Injury	National Quality Forum	Hospital Acquired Conditions				TBD*
8	3-Hour Sepsis Bundle	NYSDOH	Hospital Acquired Conditions		NYSDOH		TBD*
9	Prevalence Rate of Facility – Acquired Pressure Ulcers of Stage 2 or Higher per 100 Patients	National Quality Forum	Hospital Acquired Conditions	Stage III or IV pressure ulcers or unstageable (secondary diagnosis) per 1,000 discharges among surgical or medical patients ages 18 years and older	NYSDOH (SPARCS), PSI #03	2014	0.739666475
10	Episiotomy Rate	Christiana Care Health System	Maternity	Per 100 Vaginal Deliveries	NYSDOH	2014	15.871
11	Primary C-Section (IQI #33)	AHRQ	Maternity	Rate per 1000 Deliveries	NYSDOH (SPARCS)	2014	189.0981354
12	Avoidable ED Use	3M	Utilization	Rate per 100 Discharges	NYSDOH (SPARCS)	2014	72.2285794
13	Avoidable Admissions	3M	Utilization	Rate per 100 Admissions	NYSDOH (SPARCS)	2014	23.9662787

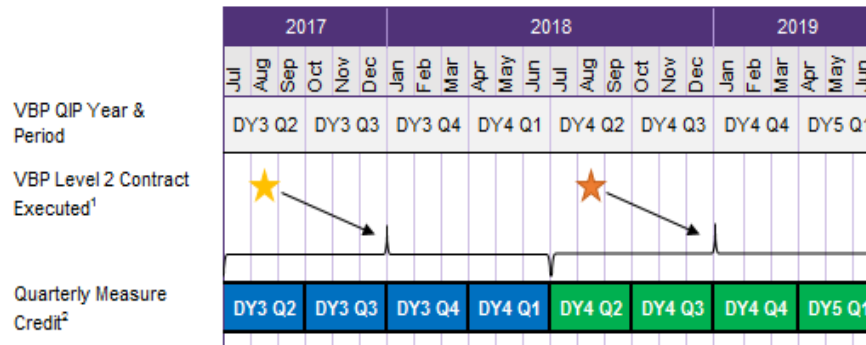
* This benchmark is currently unavailable and will be released in the future.

Alternate Measure AIT Requirements

- If alternate measures are selected, the facility is responsible for the calculation.
- The facility should use NYS specific data. If State specific data is unavailable, the national mean for the measure can be used.
 - In DY4, the facility should use the most recent published reports at May 1, 2017.
 - In DY5, the facility should use the most recent published reports at May 1, 2018.
- The paired MCO is responsible for confirming the data sources used for alternate measures.
- For questions on VBP QIP quality measures, please email the SPARCS BML at sparcs.submissions@health.ny.gov with “VBP QIP Measures” in the subject.

Measure Credits for Quarterly Improvement Target

- Quarterly measure credits will be earned in the quarter the requirement is met and the three subsequent quarters.
 - Only one measure credit can be earned per year.
 - Unused credits cannot be carried over into future DYs.



1- For example, the Facility executed a Level 2 VBP contract on August 15, 2017.

Therefore, it would get a quarterly measure credit in the current quarter and each of the three quarters thereafter.

2- The facility would need to re-certify the Level 2 VBP contract after one year to receive measure credit quarterly in the following year.

- If the Level 2 VBP contract extends through later years, the Facility is required to re-certify that a contract is in place to earn a measure credit for the next year.

Measure Credits for AIT

- If a Facility has unawarded P4P funds for not meeting its full Quarterly Improvement Target (QIT) during DY4 or DY5, the Facility has a second opportunity to earn these funds by meeting AIT requirements.
- If a Facility has an executed Level 2 or higher VBP contract during DY3, the facility can earn an additional measure credit applied to the DY4 AIT measures. If the Facility has an executed Level 2 or higher VBP contract in DY4 or DY5, the facility can earn an additional measure credit applied to the DY5 AIT measures.

	2017												2018												2019							
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun					
VBP QIP Year & Period	DY3 Q1			DY3 Q2			DY3 Q3			DY3 Q4			DY4 Q1			DY4 Q2			DY4 Q3			DY4 Q4			DY5 Q1							
VBP Level 2 Contract Executed	Level 2 Contract Signed in DY3 ¹												Level 2 Contract Signed in DY4 or DY5 ²																			
Measure Credit Applies for AIT																																

1 - If a Level 2 VBP contract is executed anytime in DY3, the measure credit applies to DY4 Ann Measurement Period.
 If the Level 2 VBP contract extends into DY4, the facility must re-certify that the contract is in place to receive a measure credit for the DY5 Ann. Measurement Period.
 2 - If a Level 2 VBP contract is executed anytime in DY4 or DY5, the measure credit applies to DY5 Annual Measurement Period.

- A Facility can only receive up to ONE measure credit per QIT and AIT calculation.

DY3 Timeline and Q&A

VBP QIP DY3 Timeline

Milestone	Due Date
DOH reviews VBP QIP MCO Governance Document and distributes Scorecard to MCOs (Group 2)	Feb 23, 2017
VBP QIP – VBP Contracting Webinar <i>(DATE CHANGE)</i>	Mar 1, 2017
VBP QIP DY3 Guidance Released	Mar 10, 2017
Facilities submit their updated, MCO approved, Facility Plan to DOH	Mar 15, 2017
MCOs submit a revised VBP QIP Governance Document to DOH for review (Group 2)	Mar 24, 2017
Facilities must provide paired MCO with LOI to sign Level 1 VBP contracts with one MCO	Apr 1, 2017
Facilities must provide paired MCO with list of Medicaid MCOs which the facility expects to enter into VBP contracts with by April 1, 2018	Apr 1, 2017
Facilities must have at least one Level 1 VBP contract signed	Jul 1, 2017
Facilities must provide paired MCO with outstanding LOIs for Medicaid MCOs to contract	Jul 1, 2017
Facilities must have Medicaid MCO contracts where at least 80% of total Medicaid MCO contracted payments to the Facility are tied to Level 1 VBP components	Apr 1, 2018

Important Information

VBP Support Materials

VBP Resource Library:

- Path: DSRIP Homepage → Value Based Payment Reform → VBP Resource Library
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library

VBP Website:

- Path: DSRIP Homepage → Value Based Payment Reform
- Link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform

Thank you for your continued support with VBP QIP!

- The next VBP QIP Update Webinar is scheduled for **March 1st from 3:00 pm – 4:00 pm** and will focus on VBP contracting.
- For questions on VBP QIP quality measures, please email the SPARCS BML at sparcs.submissions@health.ny.gov with “VBP QIP Measures” in the title.
- For questions on VBP QIP financing, please contact bmcr@health.ny.gov.
- For other questions on VBP QIP, please contact the VBP QIP inbox at vbp_qip@health.ny.gov.