AMAZING THINGS ARE HAPPENING HERE

Value Based Payment – 101

NewYork Presbyterian & NewYork-Presbyterian Queens

PPS Network Education – Primary Care Providers

02.13.2018

NewYork-Presbyterian
Performing Provider System

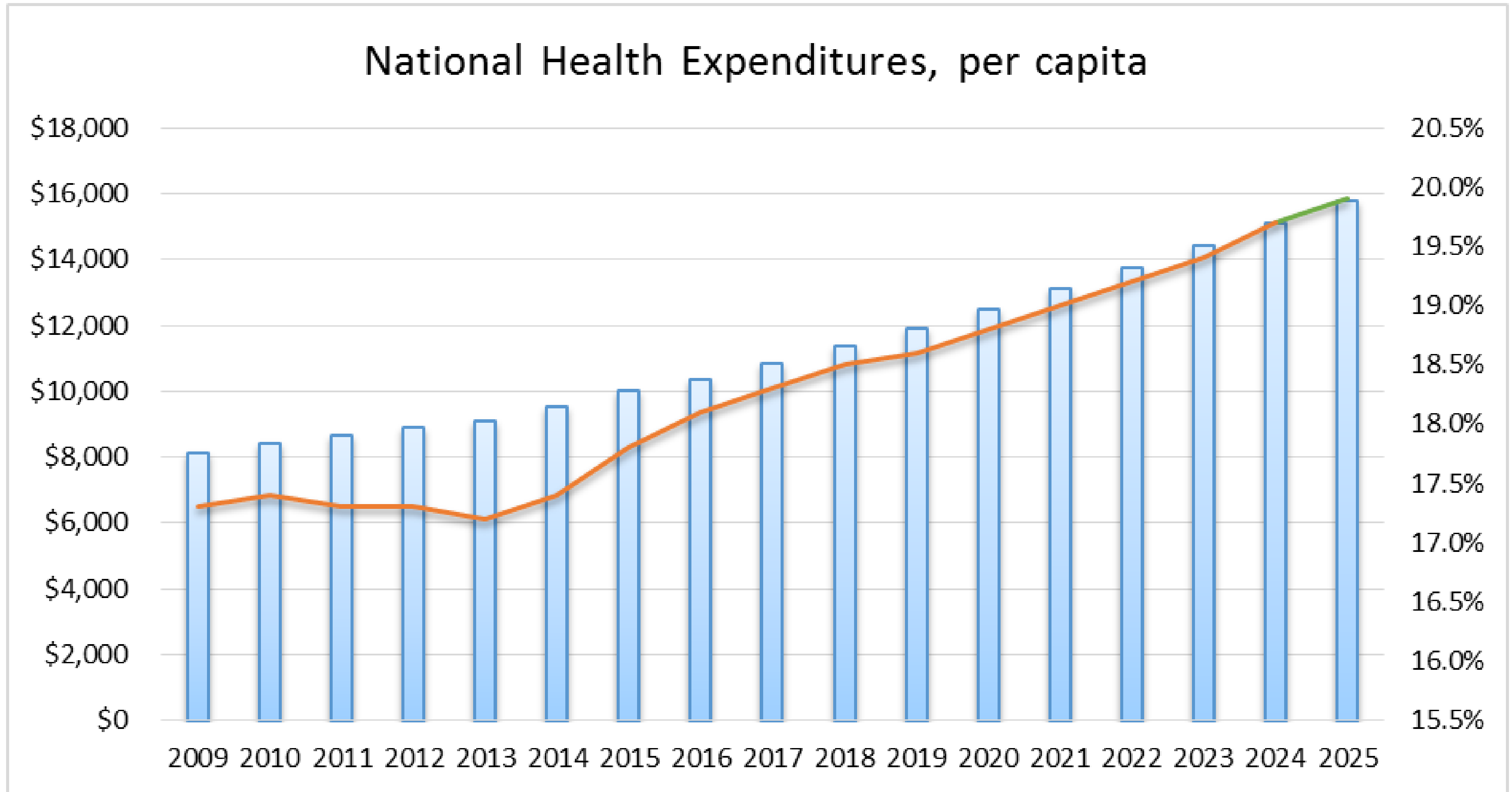
NewYork-Presbyterian
Queens

Outline – Value Based Payment (VBP)

1. Introductions & Welcome
2. National – Burning Platform
3. NY State – Burning Platform
4. What is Value Based Payment (VBP)?
5. What are VBP Options?
6. Who is Affected by VBP
7. How do I bring value & engage in VBP?
8. What are my PPS Resources & Educational Opportunities
9. What's Next?

Value Based Payment / Alternative Payment Method

National – Burning Platform



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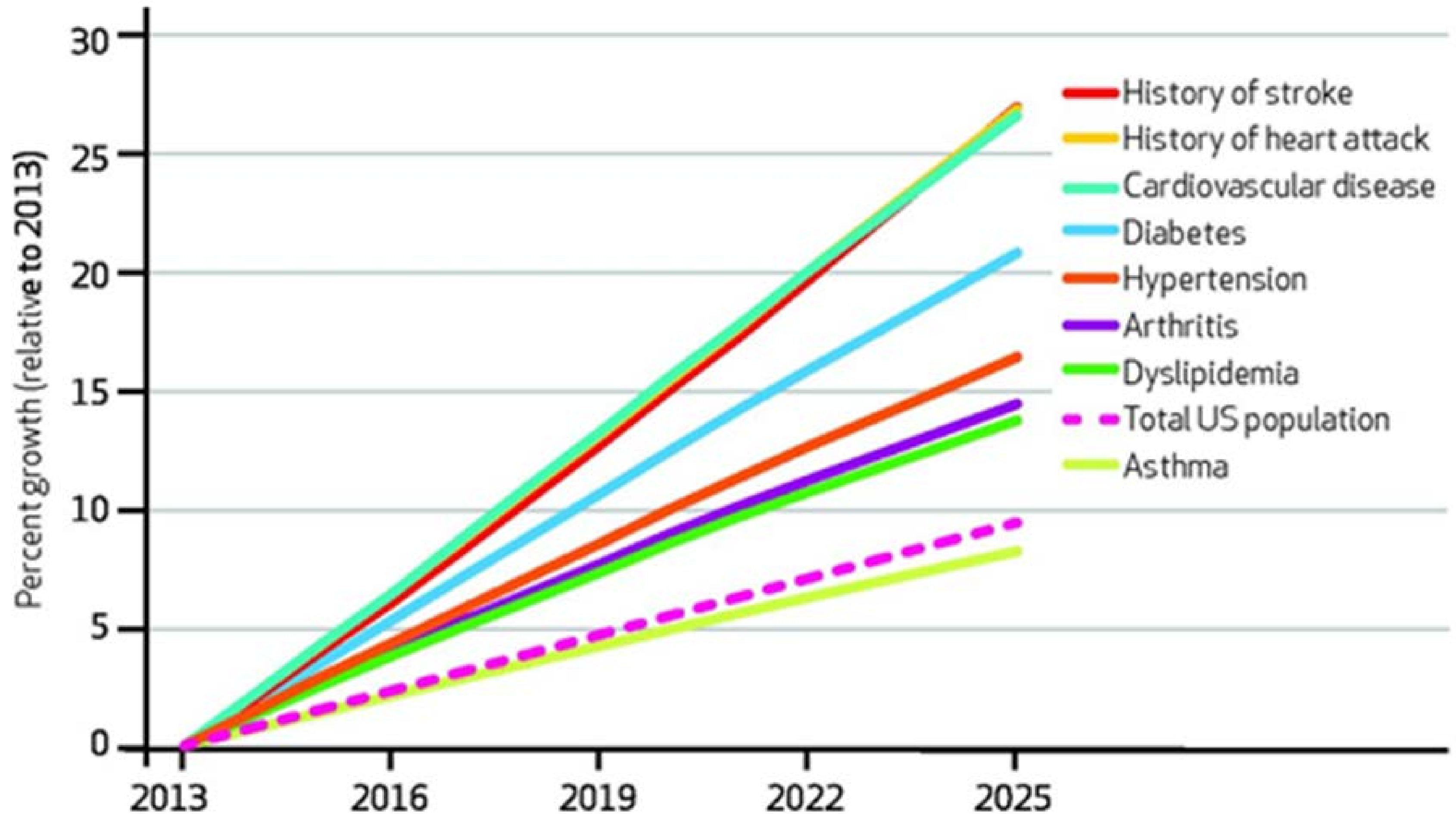
NewYork-Presbyterian Performing Provider System

Value Based Payment / Alternative Payment Method

National – Burning Platform



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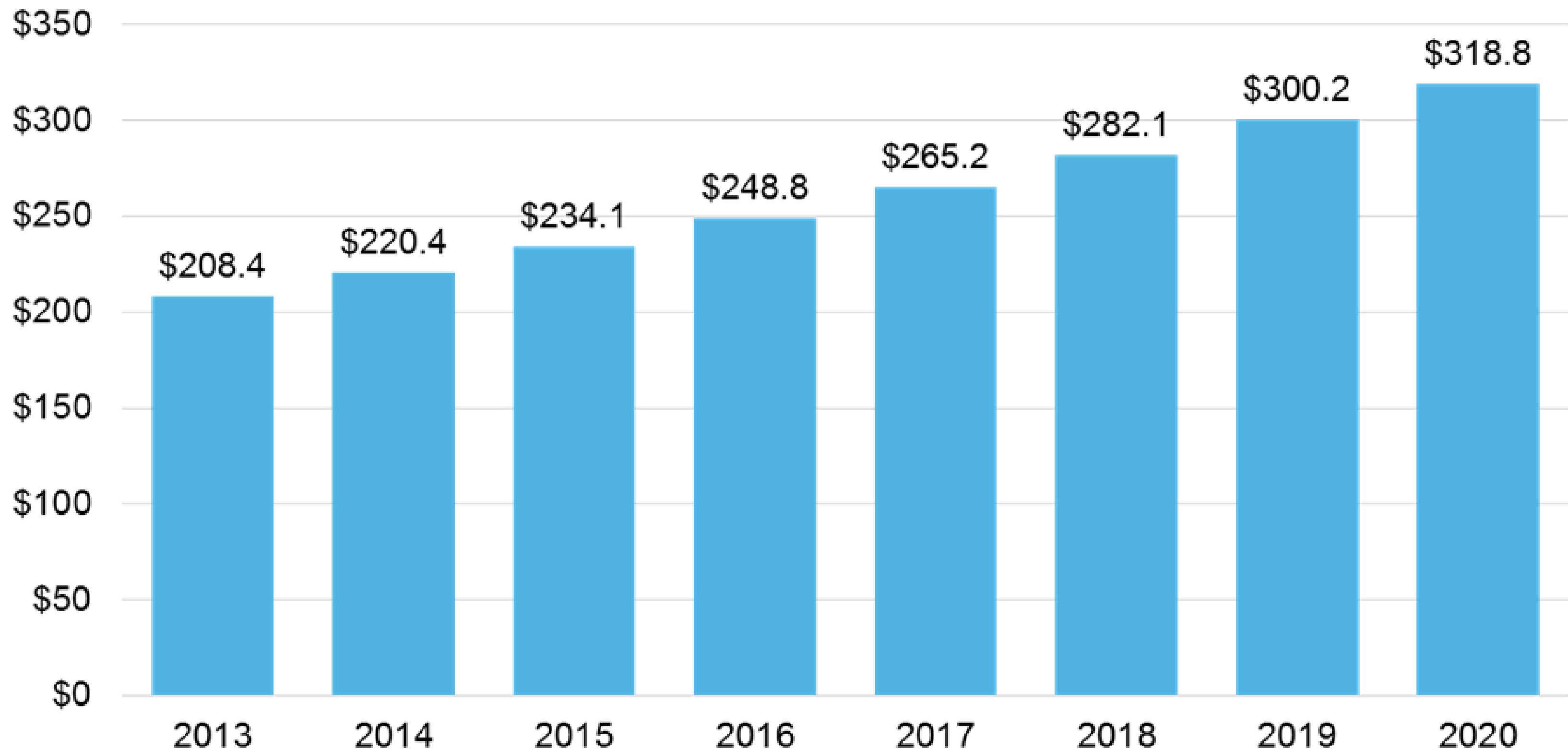
Value Based Payment / Alternative Payment Method

NY State – Burning Platform



AMAZING THINGS ARE HAPPENING HERE

NewYork-Presbyterian Queens

NewYork-Presbyterian Performing Provider System

Value Based Payment / Alternative Payment Method

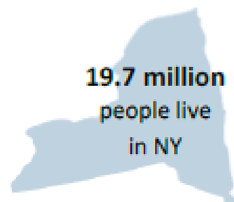
NY State – Burning Platform

DOH Medicaid Enrollees by Delivery System
(By State Fiscal Year)

Managed Care Enrollees | Fee-For-Service Enrollees

Millions

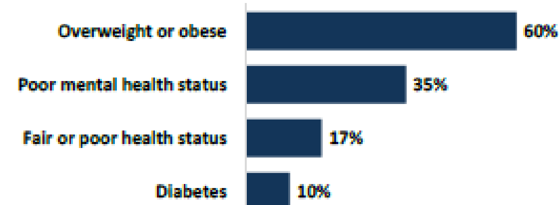
State Fiscal Year	Managed Care Enrollees	Fee-For-Service Enrollees
2008-09	65.3%	34.7%
2009-10	66.6%	33.4%
2010-11	68.3%	31.7%
2011-12	70.2%	29.8%
2012-13	73.6%	26.4%
2013-14	75.9%	24.2%



31% of NY's population is low-income

Low-income: <200% FPL or $40,320 for a family of 3 in 2016

Adults in NY reporting:



Value Based Payment / Alternative Payment Method

National and State Sustainability Plan

- Decrease cost of total patient care
- Improve patient quality outcomes
- Increase access to preventative medicine to limit chronic conditions
- Improve access of care
- Increase patient engagement and accountability of health outcomes
- Increase provider engagement, communication, and accountability
- Overall decrease local & federal spend on healthcare while improving health of community

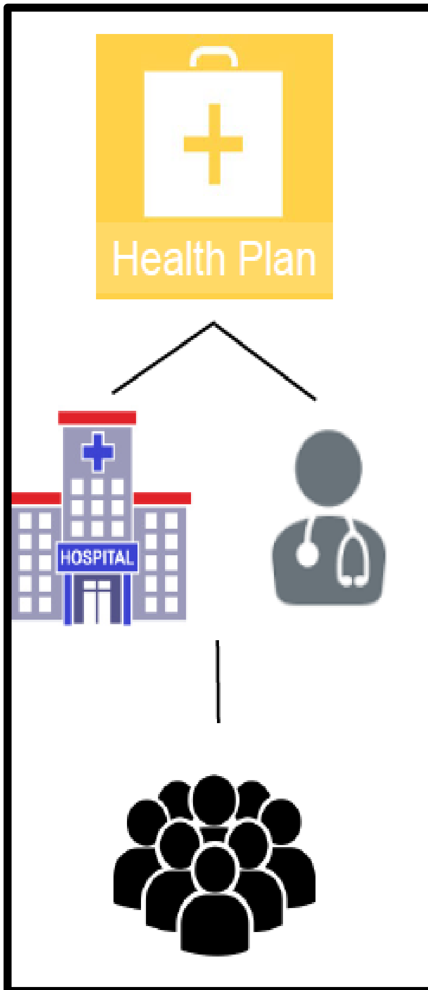
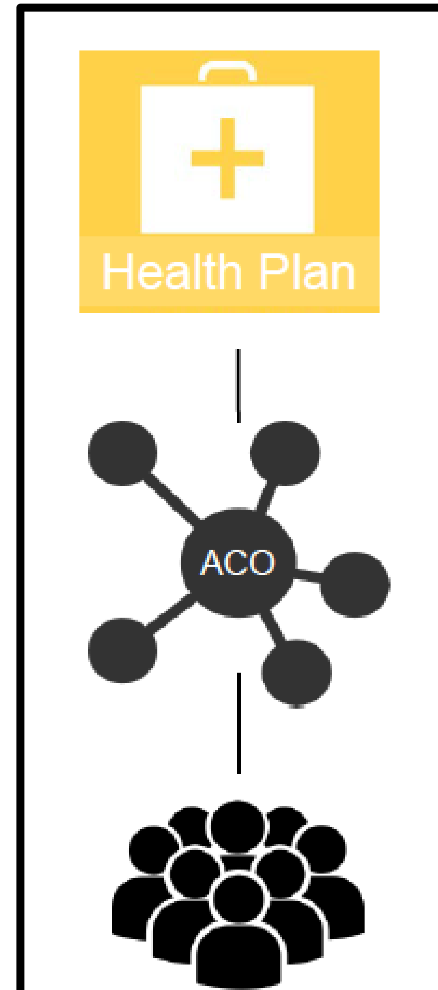
What is Value Based Payment (VBP)?

VBP Basics –

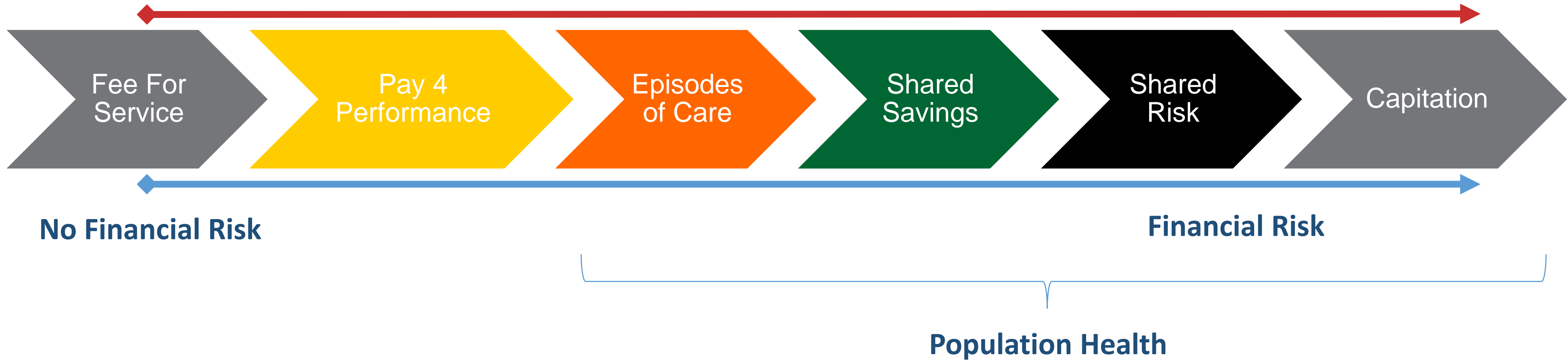
What is a VBP?

"VBP" – Value Based Payment

- Payment reform moving providers from quantity to quality
- Move from Fee-for-Service to risk based methods of payment
- Intended to decrease healthcare cost & align incentives of providers
- Shared risk models shift risk from managed care organizations to provider groups
- Multiple options for levels of VBP
- Multiple payers moving to VBP including Medicare, Medicaid, and Managed Care
- Encourages provider collaboration and accountability for patient activity
- Encompasses the full continuum of care for patient activity

Fee-for-Service		Value Based Payment	
	• Incents Quantity vs. Quality • No Reimbursement for Care Coordination • Patient & Provider Accountability Lacking • Lack of Focus to Health Disparities • No Involvement of Community Based Organizations		• Incents Quality Outcomes • Aligns right care with right setting • Integrated delivery networks with community • Provider & Patient engagement • Encourages Health Information Exchange • Varying Levels of Risk models • Ability to align with multi-payers

VBP Basics –
What is a VBP?



Population Health

Medicaid APM Levels

Level 0 – Fee for Service	***Level 1*** – Fee for Service with Upside Risk Only	***Level 2*** – Fee for Service with Risk Sharing Upside & Downside Risks	***Level 3*** – Capitation

What are the VBP options?

VBP Options
What are our options?

Medicaid VBP Levels

Level 0 VBP	Level 1 VBP	Level 2 VBP	Level 3 VBP (only feasible after experience with Level 2; requires mature VBP contractor)
FFS with bonus and/or withhold based on quality scores	FFS with upside-only shared savings when quality scores are sufficient	FFS with risk sharing (upside available when outcome scores are sufficient; downside is reduced or eliminated when quality scores are high)	Global capitation (with quality-based component)
Not Considered VBP	Upside Only VBP	Risk Bearing VBP	

VBP Options

What are our options?

Total Care for General Populations (TCGP) –

- Total care for all attributed lives
- Default is PCP assigned member attribution
- Subpopulation exclusions:
  - Transplants
  - High cost specialty medications
  - Sub-populations of HIV
  - Health & Recovery Plan (HARP)
  - Managed Long-Term Care (MLTC)
  - Intellectual and/or Developmental Disabilities (I/DD)

VBP Options

What are our options?

Integrated Primary Care Bundle (IPC)

- Patient Centered Medical Homes (PCHM) or other Primary Care Providers
- Preventative, sick, and chronic condition management
- Attributed lives assigned by PCP assignment
- Subpopulation exclusions:
  - Transplants
  - High cost specialty medications
  - HIV, Health & Recovery Plan (HARP), Managed Long-Term Care (MLTC), Intellectual and/or Developmental Disabilities (I/DD)
- Episodes include:

Preventative Care	Routine Sick Care	Hypertension
Coronary Artery Disease	Congestive Heart Failure	Asthma
Chronic Obstructive Pulmonary Disease	Bipolar Disorder	Depression & Anxiety
Trauma & Stressor	Substance Use Disorder	Diabetes
Gastro-esophageal Reflux Disease	Osteoarthritis	Lower Back Pain

VBP Options

What are our options?

Maternity Bundle

- Care of pregnancy, delivery, post-delivery, and first month of newborn care
- Stop-loss protection for high risk & NICU activity
- Member attribution based on OB care provider
- Subpopulation exclusions:
  - Transplants
  - High cost specialty medications
  - Sub-populations of HIV
  - Health & Recovery Plan (HARP)
  - Managed Long-Term Care (MLTC)
  - Intellectual and/or Developmental Disabilities (I/DD)

VBP Options

What are our options?

Total Care for Special Needs Population

- Aligned with NYS dedicated managed care arrangements
- Subpopulations include:
  - Sub-populations of HIV/AIDS
  - Health & Recovery Plan (HARP)
  - Managed Long-Term Care (MLTC)
  - Intellectual and/or Developmental Disabilities (I/DD)
- Members cannot be assigned to multiple sub-populations – MCO to designate
- Can combine VBP arrangements of subpopulations
- Member Attribution:
  - HIV/AIDS – PCP assigned
  - HARP – Assigned Health Home
  - MLTC – Facility and/or PCP
  - I/DD- PCP or Assigned BH provider

Who is affected by VBP?

VBP Basics –
Who is affected by VBP?

VBP – Impacted Providers

- NYS Medicaid goal is to move Medicaid reimbursement to VBP arrangements with the following timeline:
  - End of DY 3 (April 1st, 2018), at least 10% dollars of total MCO expenditure are captured in Level 1 or above
  - End of DY 4 **(April 1st, 2019),** at least 50% of total MCO expenditure will be contracted through Level 1 VBPs or above. At least 15% of total payments contracted through Level 2 VBPs or higher (full capitation plans only)
  - End of DY 5 **(April 1st, 2020)**, 80-90% of total MCO expenditure (in terms of total dollars) will have to be captured in at least Level 1 VBPs. At least 35% of total payments contracted through Level 2 VBPs or higher for fully capitated plans and 15% contracted in Level 2 or higher for not fully capitated plans

VBP Basics –

Who is affected by VBP?

VBP – Impacted Providers: Direct Contracting & Quality Impact

- VBP "Contractors" could be:
  - Entity who contracts with Managed Care Organizations (MCO)
  - Accountable Care Organizations (ACO)
  - Independent Practice Association (IPA)
  - Individual Provider

- Impact will depend on the VBP arrangement and/or patient population
- Providers serving patients in Medicare, Medicaid, Managed Medicaid, or Managed Care plans following national trends of reimbursing for quality outcomes
  - Primary Care
  - Specialty Care
  - Behavioral Health
  - Facilities such as hospitals, long term care providers, etc.

VBP Basics –

Who is affected by VBP?

VBP – Impacted Providers: Indirect Contracting but Direct Quality Impact

- Community Based Organizations:
  - Tier 1 – Non-profit, non-Medicaid billing, community based social and
  - human service organizations
  - Tier 2 – Non-profit, Medicaid-billing, non-clinical service provider
  - Tier 3 – Non-profit, Medicaid-billing, clinical support service provider

  - VBP Contractors must include at least one Tier 1 CBO in all Level 2 & 3 arrangements effective January 2018. - Payer or VBP Entity

VBP Basics –

Who is affected by VBP?

Excluded Providers

- Financially Challenged Providers –
  - DOH determined by outlined criteria
    - Less than 15 days cash & equivalents
    - No assets other than vital operations assets
    - Provider has exhausted all efforts to obtain resources from corporate parents and/or affiliated entities
  - Providers should be in planning process with DOH to:
    - Be absorbed under the umbrella of another health system
    - Be transitioned to another licensure / service line
    - Discontinue operations
  - Cannot enter into VBP arrangements Level 2 or higher

How do I bring value & engage in VBP?

What's Next – Community Based Organizations

VBP Implementation: Primary Care Provider (PCP)

For more information please visit:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm

01 Governance

Determine how your organization will participate in VBP:

a) Become a Lead VBP Contractor and contract directly with a payer
b) Become a Provider Partner and contract with a Lead VBP Contractor

02 Stakeholder Engagement

- Lead VBP Contractors: Identify payer(s) to contract a VBP arrangement; engage early and often. Consider existing relationships with Managed Care Organizations.
- Lead VBP Contractors: Assess your provider network based on the VBP arrangement being contracted. Identify gaps, and include additional Provider Partners (e.g., CBOs, Hospitals, BH providers, SUD Providers).
- Lead VBP Contractors & Provider Partners: Engage, coordinate and collaborate with your Performing Provider Systems (if you are affiliated with one) to share knowledge and lessons learned, to explore possibilities to share data, and to identify additional parties that may be interested in contracting.
- Provider Partners: Identify and engage Lead VBP Contractors to support a VBP arrangement. Remember your value proposition!

03 Business Strategy

- Lead VBP Contractors: Select the VBP arrangement(s) aligned with your organization's business strategy—the type of care you provide.
  - E.g. A primary care provider contractor may focus on the Integrated Primary Care (IPC)) arrangement as opposed to the Maternity arrangement.
- Lead VBP Contractors & Provider Partners: Understand your value proposition, PCPs are critical because they:
  a) Drive attribution in most VBP arrangements
  b) Have a strong role in reducing costs related to sick care, care for chronic conditions, and avoidable hospitalization
  c) Contribute to the generation of shared savings, particularly in the TCGP and IPC arrangements

04 Finance

- Lead VBP Contractors: Understand your organization's ability and preparedness to take on risk—VBP levels 1, 2 or 3
- Lead VBP Contractors: Develop a strategy to reward downstream providers
- Lead VBP Contractors & Provider Partners: Consider your organization's financial impact based on the population served
  - Calculate an estimated amount of shared savings that you can generate

05 Data

Determine data sources and analytical capabilities that will support your VBP arrangement. Consider:

a) The cost of care by selected arrangement
b) Total Medicaid members being attributed
c) High-utilizing, high-cost Medicaid members—super utilizers
d) Areas that have high rates of potentially avoidable complications

Where to access data?

- Lead VBP Contractors and Provider Partners may work with Payers, other providers and PPSs to explore opportunities to access, share and analyze data.

Value Based Payment

VBP Readiness & Assessment Planning

When are you ready for VBP?

Payment Reform Should Never Outpace Care Redesign

Engagement of VBP arrangements is dependent on a number of variables and should be completely analyzed prior to contract discussions to fully understand the implications of such agreements. The following are a few criteria should be assessed:

- ❑ Value Proposition – Toughest Challenge
  - ❑ As a Primary Care Provider – where do I bring value to quality outcomes?
  - ❑ What is our leadership's risk tolerance & are we able to take on risk?
  - ❑ Financially where do we offer feasibility for patients & providers?
  - ❑ How can we show our value of support services without direct data elements tied to quality metrics? (National Best Practices, Evidence Based Medicine, etc.)
  - ❑ Is our value aligned with the payer or provider community?
  - ❑ What other national reform efforts are we engaged in & how successful have they been? (MACRA/MIPS/etc.)
  - ❑ Who are the top payers we can impact?

VBP Readiness & Assessment Planning

When are you ready for VBP?

- ❑ Network Analysis
  - ❑ What patients & chronic diseases or conditions make up our organization?
    - ❑ Disease profiles / Zip Code analysis / Utilization / etc.
  - ❑ Who are our top clinical providers for inbound & outbound referrals?
  - ❑ What formal networks (CIN/ACO/etc.) are we a part of & how do their quality efforts align?
  - ❑ What are the utilization patterns of our attributed lives (patients)?

- ❑ Information Technology capabilities
  - ❑ What systems can we use to share data with VBP contracted entities to bring value to clinical quality?
  - ❑ Where are our gaps in data exchange or tracking using EMR & RHIO?
  - ❑ Do we currently track quality based metrics?
  - ❑ What resources will we need to educate staff to have actionable data?

What are my resources as a PPS network provider?

PPS Resources & Educational Opportunities

Who & what are my PPS resources for VBP?

NYS DSRIP Performing Provider Systems (PPS) vary throughout the state and will provide resources based on the unique need of the network as well as the governing structure. The NYP & NYP/Q PPS models are not formal entities, such as an ACO, but are collaborative models that only allow for education & collaborative efforts. Local and federal regulations will limit the ability of the network to provide contracting advise or strategies for network partners but will include:

- Educational Opportunities
- NYS DOH VBP Boot Camps
- Data Compilation & Analytics (Medicaid Only)
- PPS Staff Subject Matter Experts

Upcoming Educational Opportunities

What else should I learn?

VBP – Options

NYS VBP University
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm

NYPQ PPS
http://www.nyhq.org/dsrippps

NYP PPS
http://www.nyp.org/pps

NYS DOH PCP Guide
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/docs/pcp_guide_103.pdf

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2018/2018-02-09_ipc.htm

What's Next? – Primary Care Providers

What's Next – Primary Care Providers

- Ensure complete understanding of VBP & NYS Plan
- Attend PPS educational webinars & meetings
- Attend NYS VBP Bootcamps
- Identify and align VBP strategies for your patient community
- Assess readiness for VBP & define timeline and/or plan
- Engage in conversations with network partners
- Identify your VBP value & communicate it!
- Do NOT enter into agreements too quickly
    - Know your value
    - Analyze your VBP options
    - Be sure payer or networks value your practice & ensure engagement

Questions?

Contact Us

NYPQ PPS

http://www.nyhq.org/dsrippps

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