AMAZING THINGS ARE HAPPENING HERE

The New York State Value-Based Payment (VBP) Roadmap

Behavioral Health Providers

January 30, 2018

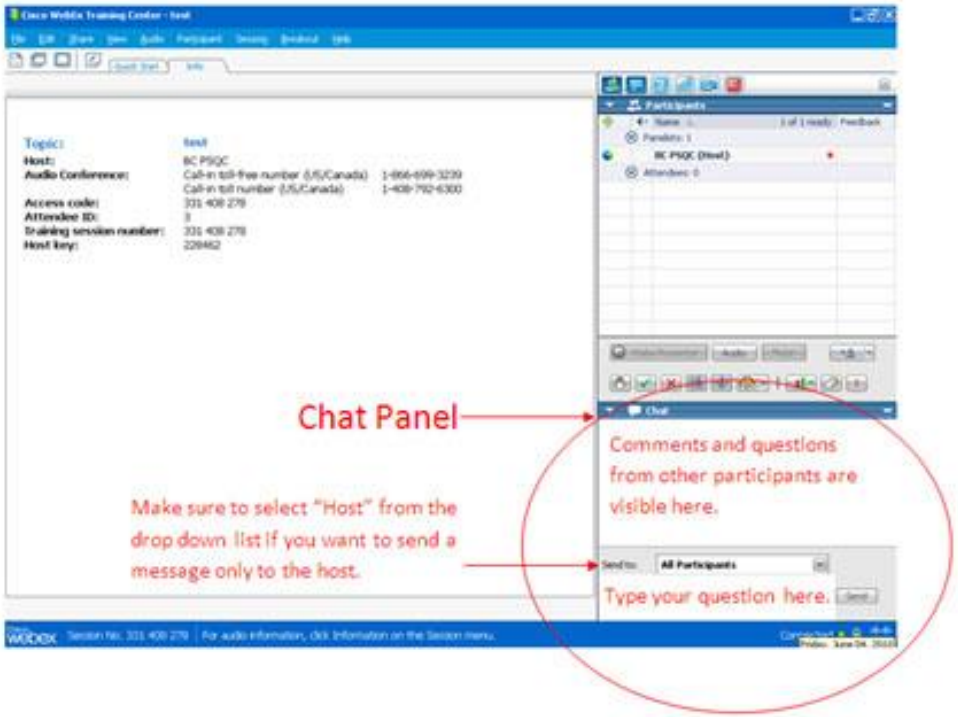
NewYork-Presbyterian Queens

NewYork-Presbyterian Performing Provider System

Housekeeping

All lines have been muted

- To ask a question at any time, use the Chat feature in WebEx
- We will take frequent pauses to open (unmute) all lines for questions



Lesson Learning Objectives – NYS VBP Roadmap

1. Understand how NYS views DSRIP as preparation for ongoing and expanded reimbursement reform beyond the waiver period.
2. Learn how NYS plans to encourage DSRIP objectives and measures to be mirrored in Managed Care Organization (MCO) provider contracts and IPA/ACO arrangements.
3. Learn the key milestones in NYS' timeline for VBP implementation.
4. Understand which patient populations NYS will target for VBP arrangements and which is best for your organization.

Complementary Lesson – VBP 101

Lesson Overview

- Provide basic knowledge of value based payment (VBP) strategy, with a brief history and overview of the core concepts and stakeholders.

What You'll Learn

- VBP Basics – What, Why, When
- State & National Trends
- Options for Each VBP Arrangement (Structure & Level)
- Readiness Self-Assessment & Planning

NYP PPS & NYP/Queens PPS Collaborating to Deliver Six VBP Trainings this Winter

Behavioral Health Providers: Session 1	January 17, 2018	3:00pm - 4:00pm	Register Now
Behavioral Health Providers: Session 2	January 30, 2018	3:00pm - 4:00pm	Register Now
CBOs: Session 1	February 13, 2018	3:00pm - 4:00pm	Register Now
CBOs: Session 2	February 28, 2018	3:00pm - 4:00pm	Register Now
Primary Care Providers: Session 1	March 13, 2018	3:00pm - 4:00pm	Register Now
Primary Care Providers: Session 2	March 27, 2018	3:00pm - 4:00pm	Register Now

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CBC COORDINATED BEHAVIORAL CARE

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Welcome & Introductions

Meet your Facilitators!

Jorge Petit, MD
Chief Executive Officer
Coordinated Behavioral Care (CBC)

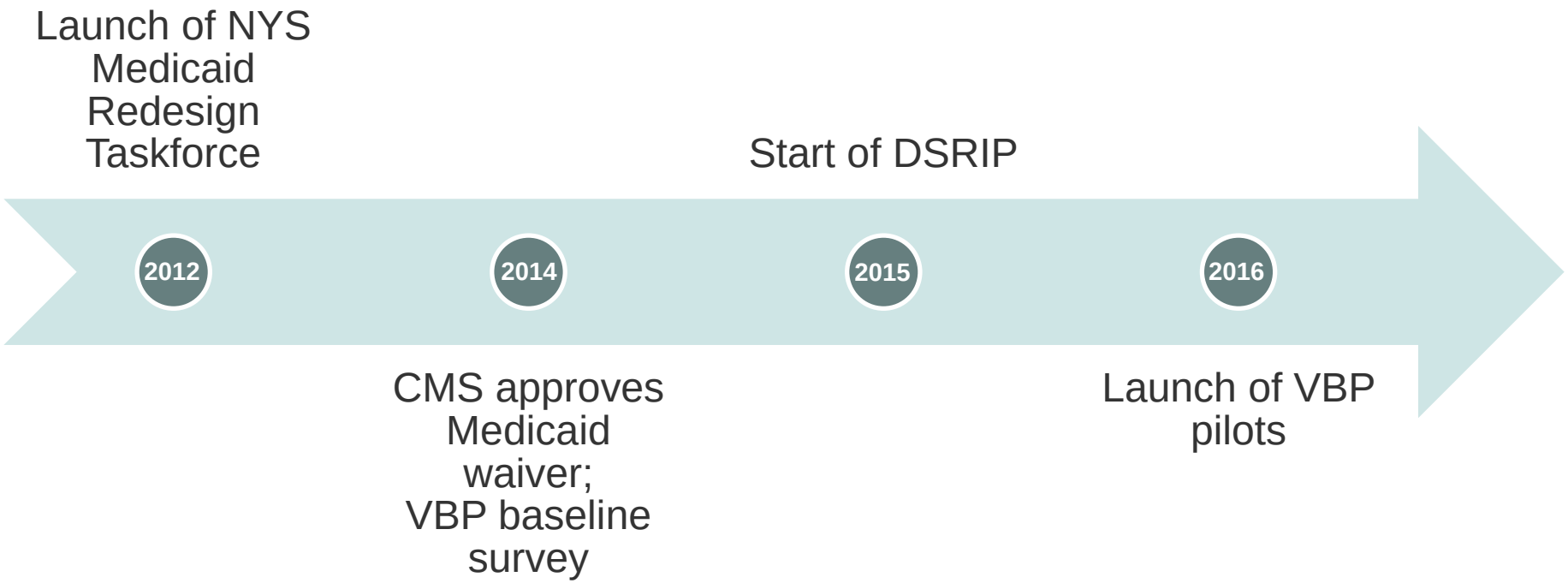
Andrew Missel, MPH
Manager, DSRIP Strategy & Project Management
NewYork-Presbyterian Performing Provider System (PPS)

Payment Reform as a Mechanism for Delivery System Reform

NYS has a mantra in-mind when discussing VBP strategy:

1. Fee-for-service (FFS) payments incentivize volume over quality.
2. Providers and payers (insurers) should share financial risk.
3. **The path to taking on more (financial) risk should be iterative.**
4. New payment approaches and types of provider organizations are needed.
5. Medicaid VBP arrangements should mirror Medicare and Commercial arrangements, where possible.

Brief Background on Evolution to VBP



VBP Risk Levels

VBP Risk Level	Description
0*	**Enhanced FFS.** Providers may receive a quality bonus, be subject to a quality withhold, or receive a payment for enhanced care coordination. There is no provider risk (*and therefore not considered for the 2020 Goal).
1	**Upside only shared savings without provider risk.** Providers still receive FFS payments, but have incentive to reduce costs and improve quality through a shared savings arrangement tied to cost benchmarks and quality metrics. There is no "downside" risk, so providers do not have to pay money to MCOs if they exceed cost benchmarks.
2	**Upside and downside risk-sharing arrangements.** As in Level 1, providers have a shared savings incentive, but are also accountable if costs exceed benchmarks and must reimburse MCOs a percentage of the excess amount if this is the case.
3	**Prospective payments that largely replace FFS.** MCOs pay providers on a per member, per month (PMPM) basis for a patient's TCOC. Providers may also be paid on a prospective basis for a bundled payment for a specific episode of care or for managing a specific chronic condition.

Review from VBP 101 (Pg. 17)

Options	Level 0 VBP	Level 1 VBP	Level 2 VBP	Level 3 VBP *(Only feasible after experience with Level 2; Requires mature VBP contractor)*
Total Care for General Population	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)
Integrated Primary Care with Chronic Bundle	FFS (plus PMPM subsidy) with bonus and/or withhold based on quality scores	FFS (plus PMPM add-on) with upside- only shared savings based on bundle of care (savings available when quality scores are sufficient)	FFS (plus PMPM add-on) with risk sharing based on bundle of care (upside available when outcome scores are sufficient; downside is reduced or eliminated when quality scores are high)	PMPM capitated payment for primary care and Chronic Bundle services (with quality-based component)
Maternity Bundle	FFS with bonus and/or withhold based on quality scores	FFS with upside-only shared savings based on bundle of care (savings available when quality scores are sufficient)	FFS with risk sharing based on bundle of care (upside available when outcome scores are sufficient; downside is reduced or eliminated when quality scores are high)	Prospective bundled payment (with quality-based component)
Total Care for Subpopulation	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)

Timeline of VBP Risk Progression within DSRIP

Year of VBP Timeline	Baseline*	Level 1 VBP	Level 2 VBP	Level 3 VBP
2017	PPSs submit VBP growth plans (path to 90%)			
2018		10% of MCO expenditure in VBP L1 or above		
2019		50% of MCO expenditure in VBP L1 or above	15% of payments contracted through L2 or above (for full cap plans only)	
2020		80-90% of MCO expenditure in VBP L1 or above	35% of payments contracted through L2 or above for full cap plans, or 15% of payments for non-full cap plans	??? – No NYS requirement for L3 VBP by 2020 (yet)

** Level 0 VBP not shown because although could include quality bonus for enhanced FFS, NYS does not consider this a qualifying arrangement on the path to VBP.*

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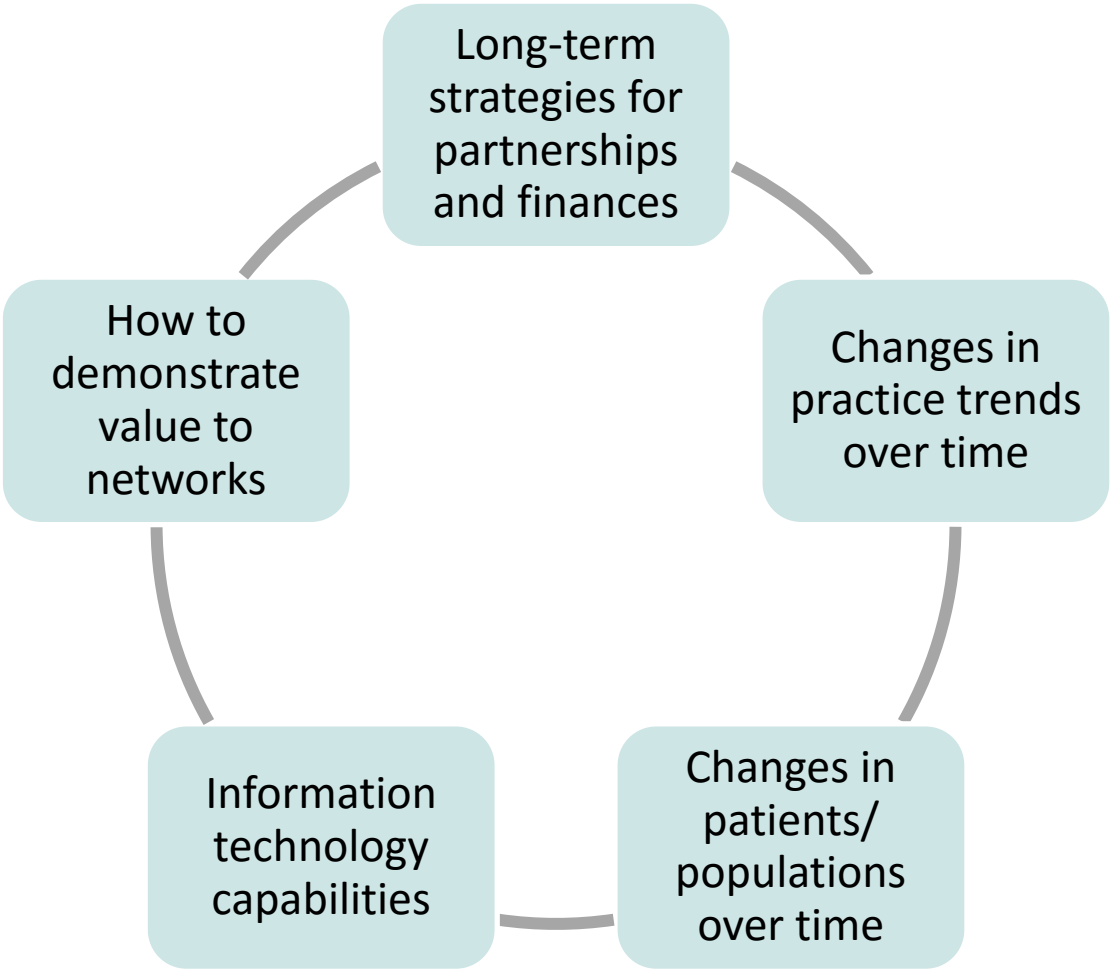
Let's Acknowledge Key Limitations

The NYS VBP Roadmap is *not:*

1. A complete blueprint with instructions.
2. Specific on how quickly organizations must transition to higher risk, beyond the collective goals indicated for the State as a whole.
3. A negotiation guide between providers and MCOs.

VBP Readiness High-Level Checklist

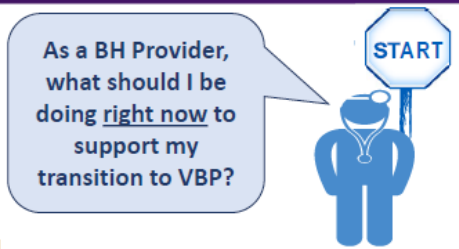
Consider the following:



Behavioral Health Provider Readiness Checklist

VBP Implementation: Behavioral Health (BH) Provider

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



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 partner with a Lead VBP Contractor

Stakeholder Engagement

- **BH providers that are Lead VBP Contractors:** Identify payer(s) to contract a VBP arrangement; engage early and often. Consider existing relationships. Also, consider the arrangement you will contract and address gaps in coverage by including other providers, such as primary care doctors or hospitals.
- Outreach with Health Homes will be critical, given the Health Home's linkage to patients with BH needs.
- **BH providers that are Provider Partners:** Consider collaborating with other BH providers to create robust organizations. This creates a stronger value proposition to propose to Lead VBP Contractors.
- **Regardless if you are a Lead VBP Contractor or Provider Partner:** Engage your Delivery System Reform Incentive Payment (DSRIP) Performing Provider Systems (PPS); coordinate and collaborate with them to identify parties that may be interested in contracting.

Business Strategy

It is important for **BH providers**, especially those seeking to partner with **Lead VBP Contractors** as a non-risk bearing or upside only partner, to strengthen and communicate their **value proposition. Remember, BH providers:**

a) **may drastically improve the quality of care and lower the cost of care,** especially in the Integrated Primary Care (IPC) and HARP arrangements.
   - The IPC arrangement includes BH-related chronic conditions. Understand how you may address the BH conditions in the IPC arrangement
   - The HARP arrangement is focused on adults with serious BH needs. Medicaid members with BH conditions drive a large proportion of spend in the Medicaid program.

b) **provide successful delivery of specialized and quality care for people with BH needs,** which facilitate decreases in avoidable emergency department visits and hospital utilization.

c) **help Lead VBP Contractors leverage existing BH services,** resulting in cost savings for the Lead VBP Contractor's network.

Data

Determine the type of data your organization may obtain or develop, including:

- The cost of care per arrangement
- High-utilizing, high-cost Medicaid members—super utilizers
- Prevalence of potentially avoidable complications
- Rehab and recovery oriented data sets

Where to access the data?

- **Lead VBP Contractors:** work with Payers and PPS; leverage preexisting, state provided data sets (e.g. PSYCKES)
- **Provider Partners:** work with VBP Lead Contractors and PPS; leverage preexisting, state provided data sets (e.g. PSYCKES)

Finance

- **BH providers that are Lead VBP Contractors:** Contemplate your organization's ability to take on risk; VBP Level 1 (upside only, no risk) may be the best initial step for BH providers.
- Develop a strategy to reward downstream **Provider Partners** that contract with you.
- **BH Providers that are Provider Partners:** Consider your organization's potential for financial impact based on the population served
  - An advantage for BH provider participation is referrals and service volume. This is part of your value proposition!

Value Based Payment

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Behavioral Health Care Collaborative (BHCC)

- The New York State (NYS) Behavioral Health (BH) Value Based Payment (VBP) Readiness Program represents a unique opportunity to strengthen behavioral health providers throughout NYS, and prepare them to be successful in the transformation of the health care delivery system.
- To prepare for VBP, Behavioral Health Care Collaboratives (BHCCs) will invest in infrastructure to improve health outcomes, manage costs, and participate in VBP arrangements as defined in the NYS VBP Roadmap.
- Managed Care Organizations (MCOs) will play a crucial role in supporting the development of BHCCs during the three-year program period.

Description of the BHCC Network

- **The BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area.**
- **Agencies could participate as a network or affiliate provider:**
  - Network providers control the use of BHCC funding and collectively meet BHCC requirements. They are responsible to participate in:
    - BHCC Governance;
    - Decisions about, and control of, BHCC funding;
    - Collectively meeting the BHCC requirements.
  - Affiliate providers are critical partners in achieving VBP goals.

What will the BHCC Accomplish?

- **The final deliverable is the BHCC lead agency and all network providers are either:**
  1. Participating in a Level 2 or higher arrangement as a Level 1 provider network;

     OR

  2. A contracted entity in a Level 2 or higher arrangement.
- **If no Level 2 or higher arrangement is available in the BHCC's service area, participating in a Level 1 VBP arrangement with an MCO is acceptable.**

BHCC Workplan Submissions

- **Year One (SFY 2017-2018)**
  - BHCC required to submit preliminary work plan addressing all four BH VBP Readiness Areas. This is the only work plan that must be submitted in the program's first year.

- **Year Two (SFY 2018-2019)**
  - BHCC required to submit updated work plan and deliverables.

- **Year Three (SFY 2019-2020)**
  - BHCC required to submit updated work plan and deliverables.

BHCC Workplan Submissions

I. BHCC VBP READINESS AREA: ORGANIZATION	Organizational Structure And Rules	BHCC Network And Affiliate Providers	Finance Structure
II. BHCC VBP READINESS AREA: DATA ANALYTICS	Data Management And Reporting	Data Analysis And Sharing	How Will Available Data Be Used By The BHCC For Positioning In The VBP Environment?
III. BHCC VBP READINESS AREA: QUALITY OVERSIGHT	Quality Measurement and Reporting	IV. BHCC VBP READINESS AREA: CLINICAL INTEGRATION	Clinical Integration Protocol and Standards

In-Person Events

1. Coalition for Behavioral Health Practice Innovation Conference
   a. February 1, 2018 from 8:30AM – 4:30PM
   b. Registration link http://coalitionny.org/

Homework & Recommended Reading

1. The NYS VBP Roadmap (pdf)
2. Navigating the New York State Value-Based Payment Roadmap (web)
3. VBP Implementation Guidance: Behavioral Health Providers (pdf)
4. Integrated Primary Care: VBP Arrangement Factsheet (pdf)
5. Total Care for General Population: VBP Arrangement Factsheet (pdf)

Possible Future VBP Training Topics

- MCO Contracting
- Data & IT Optimization
- Care Coordination

Contact Us

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