



**Department
of Health**

Medicaid
Redesign Team

VBP Bootcamp Series 2017: Closing Remarks

New York City

October 2017

Closing Remarks and 10 Key Considerations

NYS Medicaid Director Jason Helgerson

- Closing Remarks
- Question / Answer Session

Continue forward together

Collaboration and partnership among the provider and payer communities will greatly impact how we achieve the goals of the NYS VBP Roadmap and more importantly;

- Improve the patient experience of care
- Improve population health
- Lower the cost of health care

By end of DY 5 (April 1st, 2020), 80-90% of total MCO expenditure in Level 1 or higher and at least 35% of total payments in Level 2 or higher for fully capitated plans and 15% contracted in Level 2 or higher for not fully capitated plans.

Transformation is underway

Examples of what is happening across NYS

Example 1: Accountable Health Partners ACO

MCO and Provider

- Accountable Health Partners Accountable Care Organization (ACO)
 - 1,900 General Practice Physicians
 - MVP Healthcare Managed Care Organization

VBP Arrangement and Risk

- Total Cost General Population VBP Arrangement
- VBP Level 1 Risk-upside only bonus capped at no more than 25% of the total payments made to the ACO and the ACO providers for medical services.

Cohort

- 27,023 Patients (Commercial and Medicare Insurance)
- Rochester, New York

VBP Intervention

- Implemented a pharmacy program that monitors utilization of high-cost drugs
- Developed a robust Care Management program that supports high-risk patients
- Used a data platform that centralizes data from 12 different EHR systems and allows them to actively close gaps in care and coordinate upcoming visits.

Results/Outcomes

- 2015-2016, there was improvement in 11 of the 15 measures for the Commercial members and 9 of the 11 measures for Medicare members
- 2015-2016, over \$2.9 Million was generated in savings for both populations for both years.
- In addition, the ACO between 2014-2017 has received over \$3.7 Million in care management fees for services to members enrolled in all of the plans products.

Example 2: Greater Buffalo United Accountable Care Organization

MCO and Provider

- Greater Buffalo United Accountable Care Organization
- YourCare Health Plan

VBP Arrangement and Risk

- Total Cost General Population VBP Arrangement
- VBP Risk Level 1

Cohort

- 30 'super-utilizer' patients that use emergency rooms and in-patient care centers more than any of the ACO's other 10,000 patients.
- From April to August 2017, ER visits and in-patient care for the 30 patients has cost GBUACO \$3 Million.

VBP Intervention

- GBUACO partnered with Lyft to bring cohort to urgent care or after hours primary care instead of the ER.

Results/Outcomes

- To be determined
- Evaluate claims data after 60 days (October 2017) and reinvest shared savings.

Example 3: Mount Sinai Health System

MCO and Provider

- Mount Sinai Health System
- HealthFirst Managed Care Organization

VBP Arrangement and Risk

- Total Cost General Population VBP Arrangement
- VBP Risk Level 2

Cohort

- Medicare patients with specific acute medical conditions who would otherwise be admitted to a hospital within the Mount Sinai Health System

VBP Intervention

- MCO will pay Mount Sinai an up-front set amount of an episode of care handled by the Mobile Acute Care Team (MACT)
- Mount Sinai patients receive hospital-level care for selected conditions and post-surgical care in their home instead of an ER

Results/Outcomes

- Over 600 patients treated. Data has shown MACT has reduced 30-day ER readmissions, earned high patient satisfaction, and reduced the cost of care
- In process of expanding MACT to all commercial, Medicaid and Medicare insurances and a broader range of conditions

Example 4: St. Barnabas Health System

MCO and Provider

- St. Barnabas Health (SBH) System
- Healthfirst Managed Care Organization

VBP Arrangement and Risk

- Total Cost General Population VBP Arrangement
- VBP Risk Level 2

Cohort

- 80% (nearly 384,000) of the health system's patients are covered by Medicaid or are uninsured with relatively poor health status.

VBP Intervention

- Sold part of SBH campus to build 314 unit supportive housing complex that will include: urgent care, women's and pediatric services, a fitness center, a rooftop farm, a greenhouse, a teaching kitchen, and a pharmacy that does not sell cigarettes or alcohol.

Results/Outcomes

- Under a VBP contract, SBH can decide where to spend its money to reduce healthcare costs-including the social determinants of health
- St. Barnabas will have below-market rent on the development to keep operating costs for urgent care and other facilities low

Example 5: Montefiore Health System

MCO and Provider

- Montefiore Health System
- Various Managed Care Organizations

VBP Arrangement and Risk

- Total Cost General Population VBP Arrangement
- VBP Risk Level 3

Cohort

- 1000 full time employees managing 235,000 challenging, high-cost patients

VBP Intervention

- Montefiore educates doctors on electronic health record utilization, leverages data analytics to better focus care and partners with community organizations to address the social determinates of health

Results/Outcomes

- Sustainable delivery system despite 85% government payer mix

10 Key Considerations to Walk Away With

Understand your role and organize yourself properly

Lead VBP Contractor: contracts directly with the MCO.

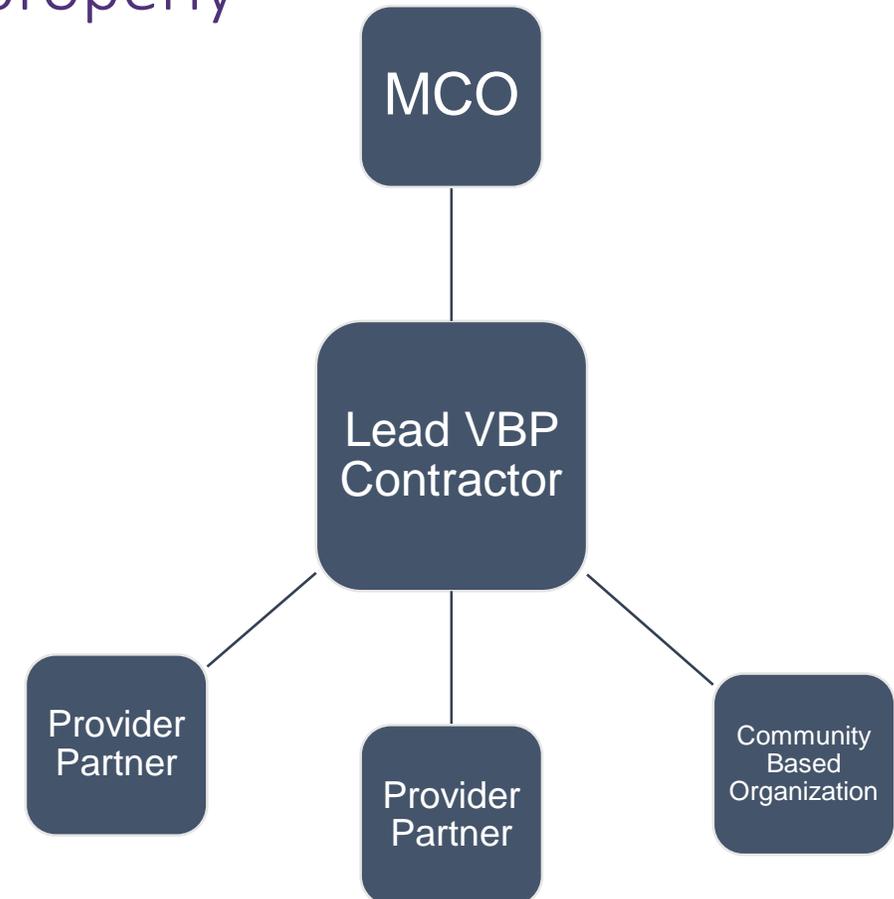
- ❖ *If you intend to be a Lead VBP Contractor, make sure that you are able to contract Medicaid!*

Provider Partner: partners directly with the Lead VBP Contractor. May be smaller or provide specialized type of care

- ❖ *Strengthens the overall provider network!*

Community Based Organization

- ❖ *Critical role in helping to address the underlying and root causes of poor health.*



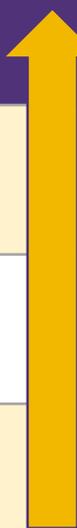
Go for the low hanging fruit

If providers are not yet ready to take on risk, Level 1 VBP is a risk free option

What to Consider:

- *Make the effort to realistically assess your ability to take on risk*
- *Providers can make the move to Level 1 today and move to higher levels in the future*
- *Moving to Level 3 is breaking out of the fee-for-service system and will achieve maximum flexibility*

VBP Risk Levels	
Level 3	Full Capitation
Level 2	Upside / Downside
Level 1	Upside Only



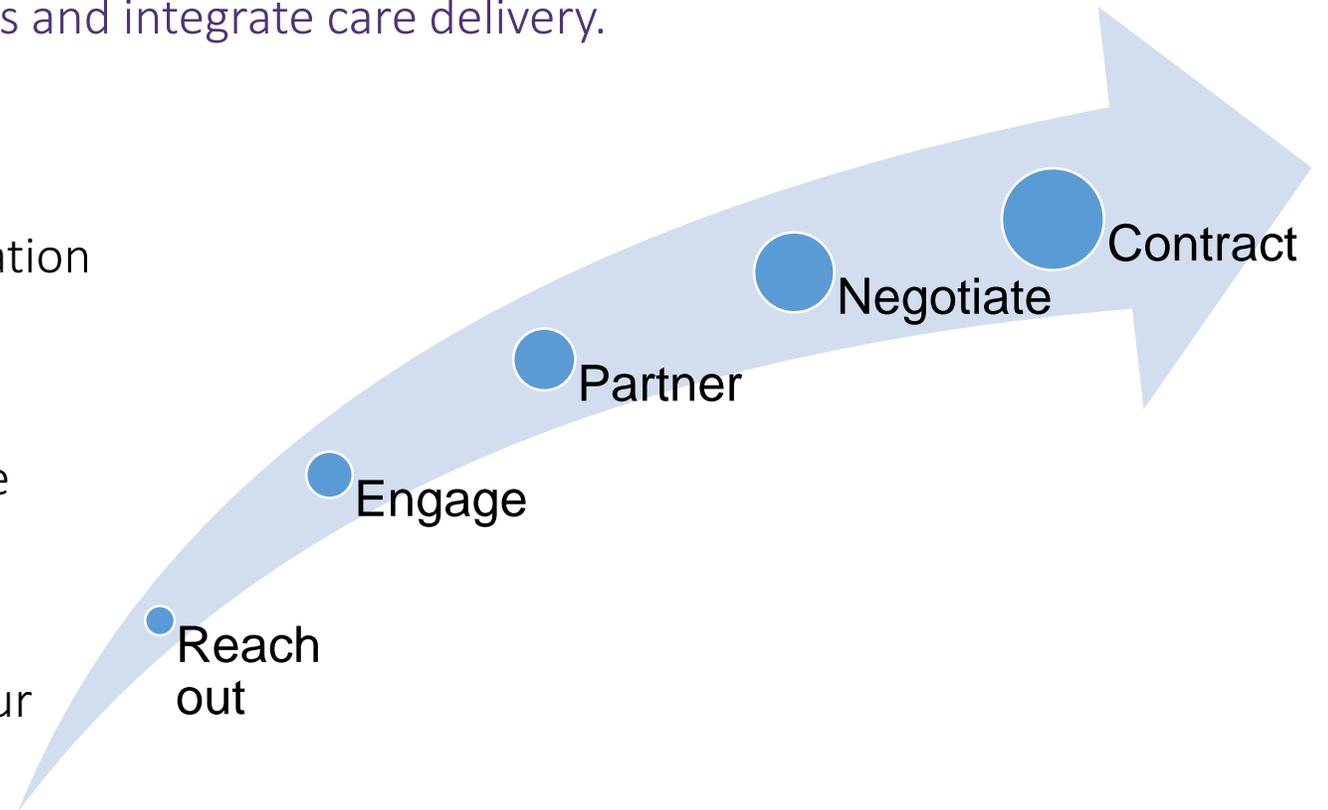
Engage your partners early and often

Payment reform is forcing us to break down silos and integrate care delivery.

Outreach and engagement takes time. Establish channels for open and collaborative communication among your partners.

Build robust networks capable of delivering care across the total care spectrum.

Your success is dependent on the success of your partners.



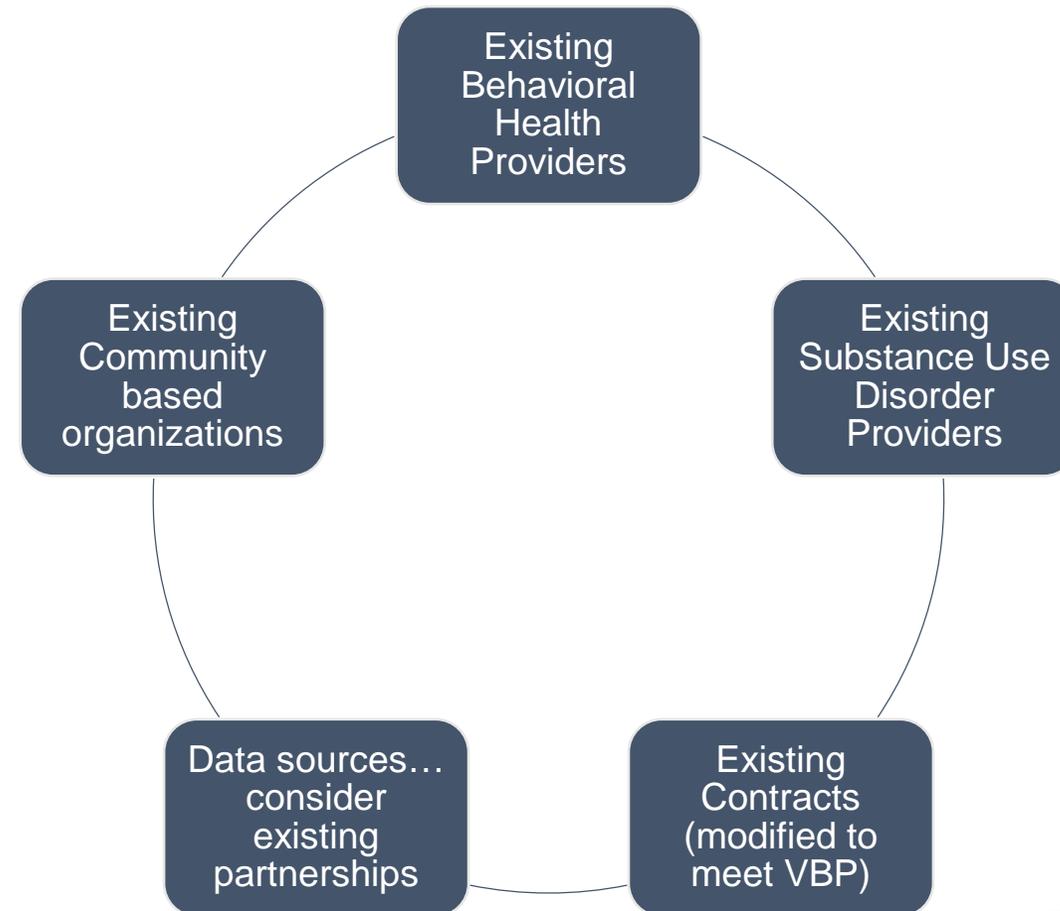
Don't reinvent the wheel

Consider existing resources and partnerships to build a strong and robust provider network...

Lead VBP Contractors should look to existing organizations to collaborate with, to build and strengthen their provider network.

All organizations should understand their ability to access and analyze data.

Where gaps exist, consider partnering with other organizations that have existing data and analytics capabilities.



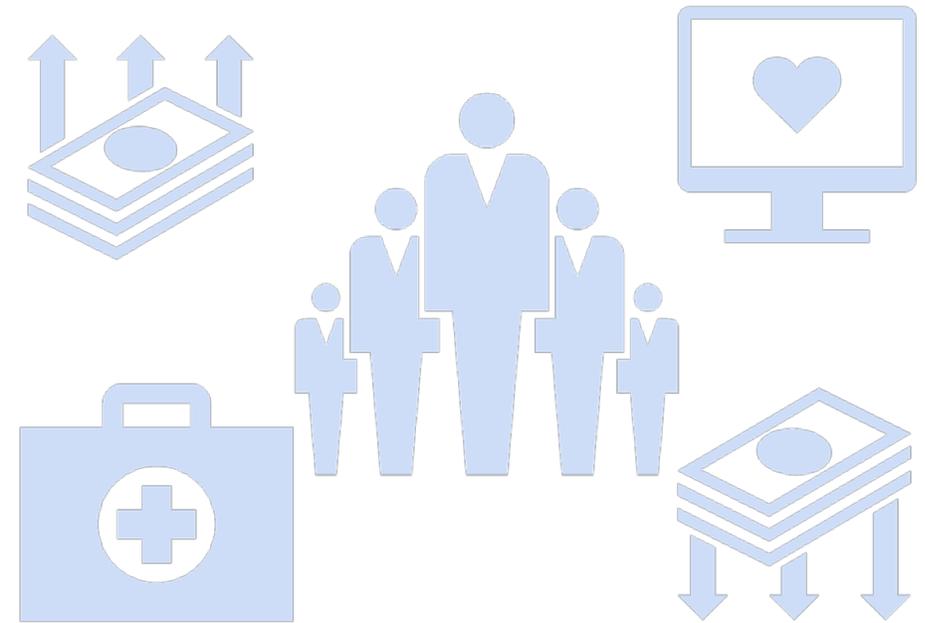
Understand your value proposition

Understand the critical services and capabilities and bring them to the table

Social determinants of health interventions are required.
Very important for providers and CBOs to remember!

Improving population health will require all types of care,
across the care spectrum.

Very important for behavioral health and other specialty care providers to remember!



Dare to be innovative

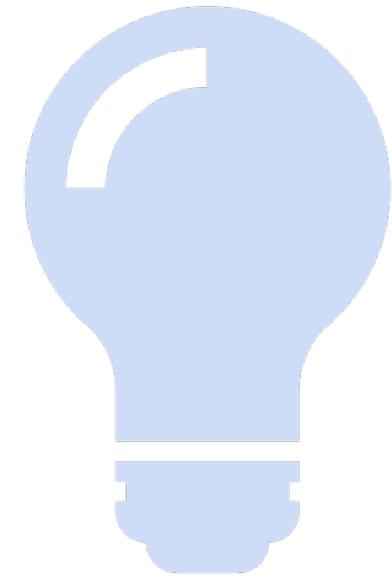
Payment reform provides flexibility and encourages innovation

Improving health and reducing costs of care can be achieved by addressing a population's environmental or social factors.

For example:

- *Air Conditioning units to address respiratory conditions*
- *Enabling access to care through ride sharing*
- *Supporting stable housing to achieve adherence to medication or care plans*

Understand the needs of your community and address the root causes of poor health



Understand the importance of quality measures

The transition to VBP is a fundamental shift in the way we reward care delivery.
Value of care far outweighs the volume of care

Each VBP arrangement (TCGP, IPC, HARP, etc.) has an associated set of quality measures.

The measures will be used to help evaluate an MCO's and provider's potential to realize shared savings.

Your organization's ability to produce positive quality outcomes will:

- *add to your organization's value proposition, but more importantly,*
- *improve the health of the population you serve and reduce the overall cost.*

Visit the NYS DOH website for more information on the VBP arrangements and measure sets.

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm



Communicate within your organization

Payment reform may mean something different depending on where your sitting

Quality Measures for example....

Your finance division

- ❖ *may view measures to understand the potential for shared savings and determine where investments can be made*

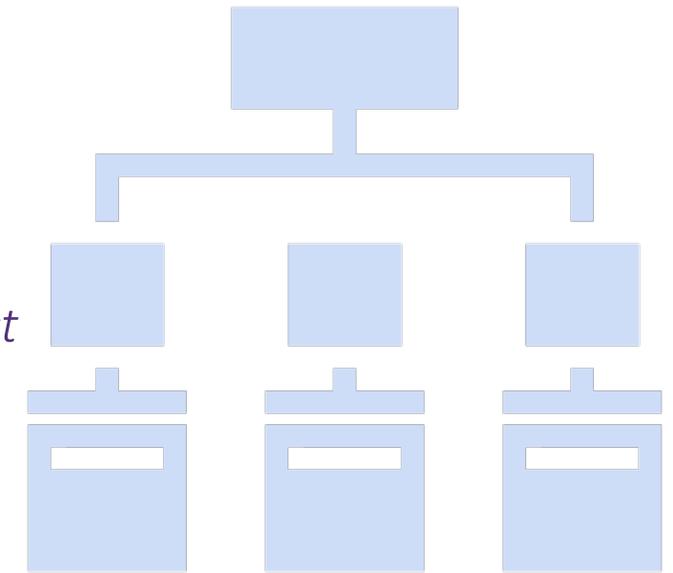
Your legal division:

- ❖ *May consider measures from the perspective of how they impact contract negotiations.*

Your clinicians:

- ❖ *May consider the volume, manner and type of care to be delivered based on each measure.*

It is important that your organization collectively understands how it will engage in VBP.



Stay focused on the core components of VBP

- *For a contract to be considered a value-based arrangement, it must address these core components.*
- *Focus contracting efforts on these core components to make the move to VBP.*

1 Type of Arrangement (per VBP Roadmap)

2 Definition and Scope of Services

3 Quality Measures/Reporting

4 Risk Level

5 Shared Savings/Losses

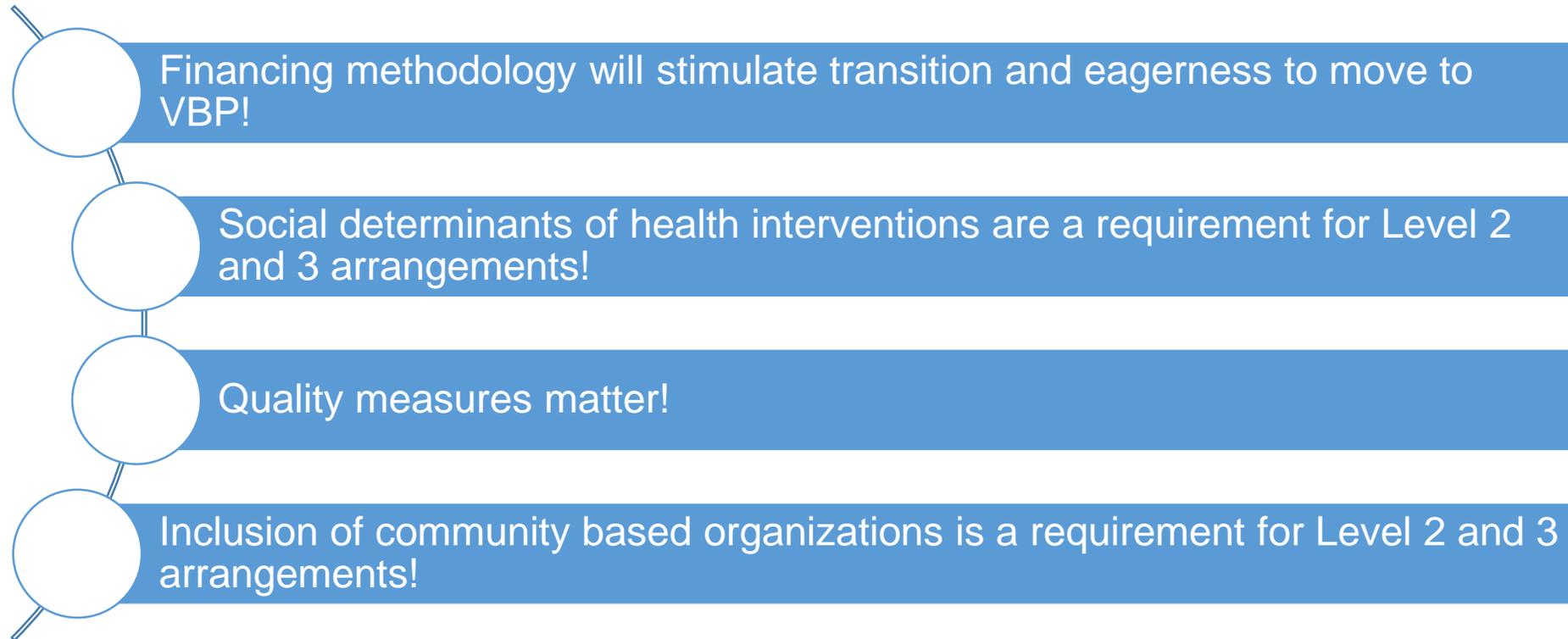
6 Attribution Methodology

7 Target Budget Methodology

8 For Level 2 & 3: SDH Intervention & Tier 1 CBO (starting Jan. 2018)

Read the NYS VBP Roadmap

The standards prescribed in the VBP Roadmap will positively impact most stakeholders



Question / Answer Session

2017 VBP-U Graduates!