



September 12, 2017

To Whom It May Concern:

The NYS Council for Community Behavioral Healthcare (NYS Council) welcomes the opportunity to submit feedback to the New York State Department of Health (NYSDOH) on the draft Technical Specifications for the 2018 Value Based Payment (VBP) Quality Measures Set and the 2018 Quality Assurance Reporting Requirements. The NYS Council is a statewide non-profit membership association representing the interests of nearly 100 behavioral health (mental health and substance abuse) prevention, treatment and recovery organizations across New York. Our members include free standing community-based agencies, general hospitals, and counties that provide direct services. On behalf of our members, we are submitting comments and feedback that reflect the experience and interests of behavioral health organizations across the state. We look forward to collaboratively working on the State and other system stakeholders to support the adoption of VBP in New York's Medicaid program.

Enclosed, please find a spreadsheet outlining our detailed comments on the Quality Measures Set and Quality Assurance Reporting Requirements. Below are additional comments we ask the State consider as it seeks to finalize Quality Measurement and Reporting Requirements for providers.

1. Social Determinants of Health Measures – We urge the State to explore the adoption of robust and meaningful measures that capture improvements in Social Determinants of Health (SDH). We understand that this has been a priority of the State as it explores measurement for future VBP arrangements; however, we believe that this measures set still does not yet include enough in terms of measurement for this critical area, which represents the greatest area of needed improvements for the Medicaid population. As many stakeholders agree, the greatest and most meaningful improvements occur at the community level. By mandating specific measures related to Social Determinants of Health within the VBP measure set, the State will be helping to ensure that appropriate time and attention is spent working to move the dial on these critical issues by stakeholders at all levels, including Medicaid Managed Care Plans (MMCPs) and providers alike. Based on this reality, we also continue to urge the State to require VBP contractors to be required to select more than one Social Determinant of Health measure for its Medicaid population. To achieve this, we will need to develop reliable practices for collection of SDH measures to ensure that the correct measures are selected. We must think about how all this relates to the SDOH Workgroup recommendations. Finally, we should consider whether the measures can be prioritized in a way that aligns with greater rewards so that we are acknowledging that certain SDH interventions are more complex than

others. Based on this reality, we also continue to urge the State to require VBP contractors to be required to select more than one Social Determinant of Health measure for its Medicaid population.

2. Measures that Capture the Value of Behavioral Health Interventions – We urge the State to identify ways to accurately capture the concrete value of behavioral health interventions in the community and as part of behavioral health/primary care integration initiatives. Often payers are unable to capture through quality measures alone the value and return on investment these interventions have on outcomes and cost of patients in the Medicaid program. Many components of the New York State delivery system are still siloed and the physical or mental health benefits that are seen due to these interventions are not accurately quantified. This area needs to be a continued area of focus if the true value of VBP is going to be collected and reported.
3. Leverage Electronic Health Records (EHRs) - Given the critical need for EHR systems/infrastructure to align with the transformation of the delivery system’s quality measurement processes, we urge the State to engage EHR vendors throughout the State to encourage them to adopt and include the VBP measures their software to improve the ability for providers to collect and report required quality data. In the past, there have been lags and technical difficulties in collecting necessary data elements due to the ability of EHR’s to capture and collect necessary information. The State should engage these entities as early as possible to ensure providers are able to use their EHR to capture this information in time for when collection will be required as part of VBP Medicaid arrangements.

Respectfully,

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