

PRIDE PLAN PROFILE

VNSNY CHOICE

Implementing a value-based payment approach to home health care.

Throughout its 125 year history, the Visiting Nurse Service of New York (VNSNY) has been part of the safety net for vulnerable New Yorkers. In 1998, the organization’s focus on home- and community- based care led it to create VNSNY CHOICE Health Plans (CHOICE), a nonprofit managed care affiliate. CHOICE offers several stand-alone and integrated Medicare and Medicaid plans that further VNSNY’s mission of promoting the health and well-being of older adults and people with disabilities. CHOICE focuses on three products that serve its dually eligible members:

1. A Medicare-Medicaid Plan (MMP), which is part of Fully Integrated Duals Advantage (FIDA), the capitated model Financial Alignment Initiative demonstration in New York State;
2. An integrated Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)/Medicaid Advantage Plus (MAP) plan that includes all Medicare and most Medicaid benefits, including long-term services and supports (LTSS); and
3. A partially capitated Managed Long-Term Care (MLTC) plan that provides Medicaid-covered LTSS for those eligible.

Quick Facts: VNSNY CHOICE

- **Tax status:** Not-for-profit
- **Integration model:**¹ MMP, FIDE SNP, D-SNP, MLTSS
- **MMP enrollment:** 1,359
- **FIDE SNP enrollment:** 1,408
- **D-SNP enrollment:** 10,066
- **MLTSS enrollment:** 14,060
- **Service area:** MMP, 6 of 62 New York counties; FIDE SNP, 8 counties; D-SNP, 12 counties; MLTSS, 32 counties

Delivery System Partner: Partners in Care

CHOICE will be working with Partners in Care (Partners), a Licensed Home Care Service Agency (LHCSA) and private-pay affiliate of VNSNY. Partners provides a variety of personalized home care services, from bathing and grooming, to appointment assistance, to skilled nursing. Care can be short-term or ongoing, and range from a few hours up to 24 hours a day. CHOICE contracts with Partners for its MLTC, MAP, and FIDA products. More than 80 percent of Partners’ patients are VNSNY CHOICE members, while about 40 percent of CHOICE members are served by Partners.

Partnership Focus

CHOICE’s partnership will focus on developing strategies for supporting a home health provider’s ability to successfully participate in

PRIDE Promoting Integrated Care for Dual Eligibles

The *Promoting Integrated Care for Dual Eligible (PRIDE)* initiative, supported by The Commonwealth Fund and led by the Center for Health Care Strategies, is a learning collaborative of nine leading health plans to advance promising approaches to integrating Medicare and Medicaid services for dually eligible individuals.

This profile series highlights the leading-edge plans participating in *PRIDE* and how they are working with delivery system partners on specific initiatives to advance innovative care management practices for dually eligible populations.

a value-based payment (VBP) model. In January 2018, CHOICE executed a contract with Partners in which CHOICE's MLTC plan will make incentive payments to Partners if certain performance indicators are attained. The ultimate goal of this project is to build Partners' capacity to work with CHOICE in achieving the state's goal of reducing potentially avoidable hospitalizations as well as other key quality measures.

Description of the Planned Project

New York State has embarked on a major payment and delivery reform initiative to reduce avoidable hospital use by 25 percent statewide over a five-year period. One major component of this initiative is to transition the majority of Medicaid plan payments to VBP arrangements by 2020. By the end of 2017, all partial capitation MLTC plans had to convert provider contracts with LHCSAs, Certified Home Health Agencies, and skilled nursing facilities into pay-for-performance arrangements (also known as "Level 1 arrangements" or "upside-only risk arrangements") with the option to assume risk sharing as well.

Under the Level 1 VBP contract arrangement with the CHOICE MLTC plan, Partners may receive financial incentives if it achieves several performance metrics. The primary metric is the reduction of potentially avoidable hospitalizations due to heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection. The other measures in this contract assess the percentage of members who: (1) did not experience uncontrolled pain; (2) did not have an emergency room visit in the last 90 days; (3) remained stable or demonstrated improvement in Nursing Facility Level of Care score; (4) remained stable or demonstrated improvement in shortness of breath; and (5) remained stable or demonstrated improvement in urinary continence.

CHOICE is focused on several efforts to support Partners' performance, including:

- **Robust and timely data sharing.** This includes data exchange that allows: (1) tracking of in-home visits and grievances and appeals; (2) identifying at-risk members for timely clinical interventions; and (3) sharing performance data in real-time through provider dashboards. CHOICE will also produce a monthly score card for providers to drive practice improvement.
- **Workforce development.** Through its 1115 Medicaid waiver, New York State is investing over \$180 million in LTSS workforce development programs designed to build LTSS workforce infrastructure and retention through retraining, redeployment, and skill enhancement. CHOICE is working with Partners to create training initiatives for providers on high-quality clinical and administrative practices that support shared VBP goals.
- **Provider engagement and collaboration.** A cultural shift is required for both health plans and providers to adapt to and provide support for participation in VBP contract models. Working with Partners and its labor union (1199SEIU), CHOICE is developing new mechanisms to support collaboration and relationship-building to work better together to meet contract expectations and drive changes in practice patterns.

This project may provide lessons about the role of LTSS providers in improving individuals' clinical and functional outcomes, and how plans can offer providers the right incentives and support to drive these outcomes.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

¹ Managed care plans can be used to promote the integration of care for dually eligible beneficiaries. The Medicaid-Medicare Plans (MMPs) operating under the Financial Alignment Initiative demonstrations are highly integrated models that combine Medicare and Medicaid services, administrative functions, and financing. Dual Eligible Special Needs Plans (D-SNPs) are specialized Medicare Advantage plans that must contract with the Medicaid agency in the states in which they operate, and seek to provide enrollees with a coordinated Medicare and Medicaid benefit package. When D-SNPs are aligned with Medicaid managed long-term services and support (MLTSS) plans, they can attain a higher degree of integration than D-SNPs operating alone. Fully Integrated D-SNPs (FIDE SNPs) are a type of D-SNP created to promote the full integration and coordination of Medicare and Medicaid benefits — primary and acute care and LTSS — and financing of services, for dually eligible beneficiaries.