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Managed Long Term Care (MLTC) Clinical Advisory Group Meeting

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June 2019

Welcome and Introductions

Welcome and Introductions

- Welcome to the 9th Meeting of the MLTC Clinical Advisory Group (CAG)!
  - Our last meeting was September 20, 2018 when we provided the final Measurement Year (MY) 2019 quality measures and informed the CAG about the policy for Skilled Nursing Facilities (SNFs).

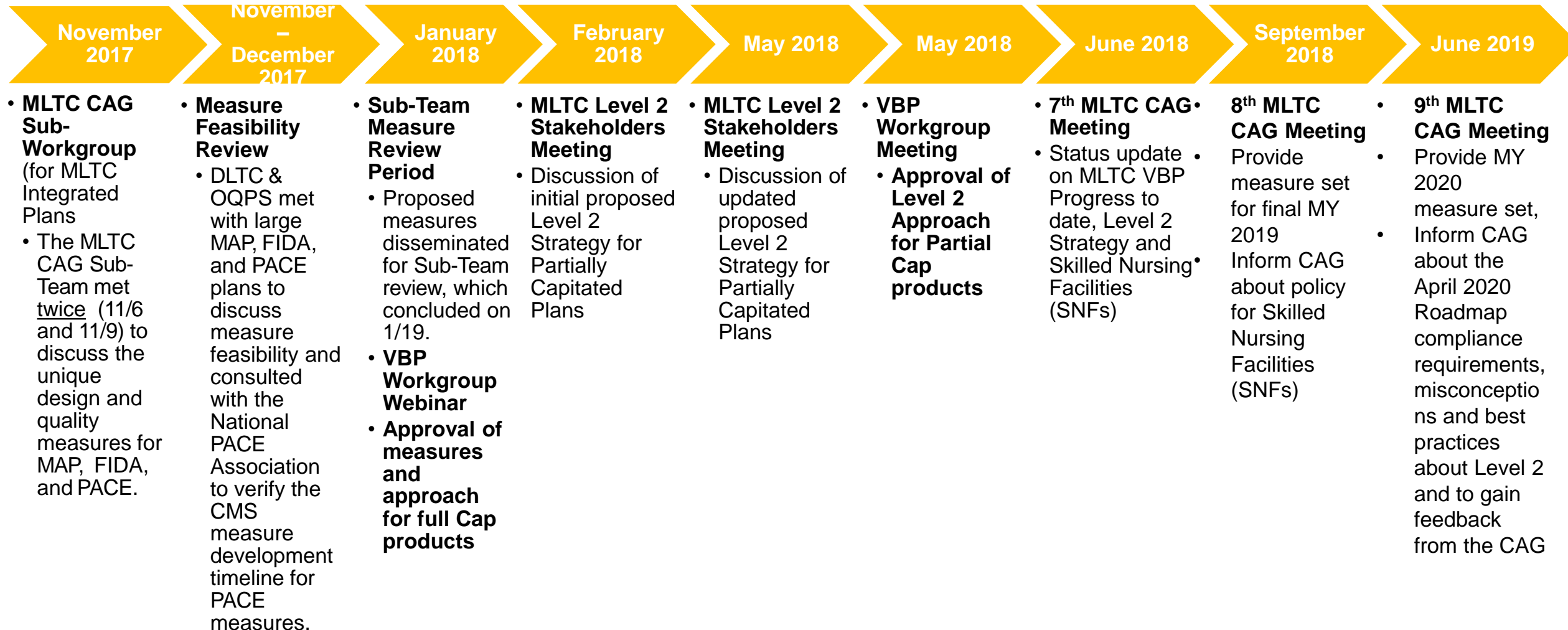- As always, we greatly appreciate your participation in the MLTC CAG and welcome any newcomers to the group!

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Meeting Purpose and Agenda

Purpose: To discuss the quality measures for Measurement Year 2020, and inform the CAG about the 2020 VBP Roadmap compliance requirements.

Agenda

- Welcome and Introductions

- MLTC VBP Quality Measures for MY 2020

- 2020 Roadmap compliance requirements

- Misconceptions and Best Practices for Level 2

- CAG feedback and Questions

MLTC Discussions and Sub-Team meetings

November 2017	November – December 2017	January 2018	February 2018	May 2018	May 2018	June 2018	September 2018	June 2019

November 2017

- **MLTC CAG Sub-Workgroup** (for MLTC Integrated Plans
- The MLTC CAG Sub-Team met <u>twice</u> (11/6 and 11/9) to discuss the unique design and quality measures for MAP, FIDA, and PACE.

November – December 2017

- **Measure Feasibility Review**
- DLTC & OQPS met with large MAP, FIDA, and PACE plans to discuss measure feasibility and consulted with the National PACE Association to verify the CMS measure development timeline for PACE measures.

January 2018

- **Sub-Team Measure Review Period**
- Proposed measures disseminated for Sub-Team review, which concluded on 1/19.
- **VBP Workgroup Webinar**
- **Approval of measures and approach for full Cap products**

February 2018

- **MLTC Level 2 Stakeholders Meeting**
- Discussion of initial proposed Level 2 Strategy for Partially Capitated Plans

May 2018

- **MLTC Level 2 Stakeholders Meeting**
- Discussion of updated proposed Level 2 Strategy for Partially Capitated Plans

May 2018

- **VBP Workgroup Meeting**
- **Approval of Level 2 Approach for Partial Cap products**

June 2018

- **7th MLTC CAG Meeting**
- Status update on MLTC VBP Progress to date, Level 2 Strategy and Skilled Nursing Facilities (SNFs)

September 2018

- **8th MLTC CAG Meeting**
- Provide measure set for final MY 2019 Inform CAG about policy for Skilled Nursing Facilities (SNFs)

June 2019

- **9th MLTC CAG Meeting**
- Provide MY 2020 measure set, Inform CAG about the April 2020 Roadmap compliance requirements, misconceptions and best practices about Level 2 and to gain feedback from the CAG

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2020 MLTC Partial Cap Measure Set

2020 MLTC VBP NYS Proposed Quality Measure Updates

- The MY 2020 Quality Measures will be released in October 2019

- The following updates to be made:
  - Addition of the Category 1 *No ER visit in the last 90 days measure*

2020 MLTC Partial VBP Quality Measure Set – Category 1 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/New York State+	P4P
Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days*	UAS – NY/New York State	P4P
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/New York State	P4P
Percentage of members who did not experience uncontrolled pain*	UAS – NY/New York State	P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/New York State	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection*	UAS – NY/New York State with linkage to SPARCS^ data	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection‡	MDS 3.0§/New York State with linkage to SPARCS Data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set

+ UAS – NY CHA denotes the Uniform Assessment System of New York Community Health Assessment for MLTC members

^ SPARCS denotes the Statewide Planning and Research Cooperative System

§ MDS denotes the Minimum Data Set

Red Font = An added measure

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2020 MLTC Partial VBP Quality Measure Set – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Percent of long stay high risk residents with pressure ulcers‡	MDS 3.0+/CMS	P4P
Percent of long stay residents who received the pneumococcal vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents who received the seasonal influenza vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents experiencing one or more falls with major injury‡	MDS 3.0/CMS	P4P
Percent of long stay residents who lose too much weight‡	MDS 3.0/CMS	P4P
Percent of long stay residents with a urinary tract infection‡	MDS 3.0/CMS	P4P
Care for Older Adults – Medication Review	NCQA&	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder‡	MDS 3.0/CMS	P4P
Percent of long stay residents whose need for help with daily activities has increased‡	MDS 3.0/CMS	P4P
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent*	MLTC Survey/New York State	P4R

& NCQA denotes the National Committee for Quality Assurance
* Included in the NYS DOH MLTC Quality Incentive measure set
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

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2020 MLTC Partial VBP Quality Measure Set – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care*	MLTC Survey/New York State	P4R
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time*	MLTC Survey/New York State	P4R
Percent of long stay residents who have depressive symptoms‡	MDS 3.0/CMS	P4P
Percent of long stay residents with dementia who received an antipsychotic medication‡	MDS 3.0/Pharmacy Quality Alliance	P4P
Percent of long stay residents who self– report moderate to severe pain‡	MDS 3.0/CMS	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

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2020 MLTC Fully Capitated Plans Measure Set – MAP and FIDA

MAP and FIDA Required Category 1 Measures – MY 2020

Measures	Measure Source/ Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed*	NCQA/ HEDIS	NQF 0055	P4R
Comprehensive Diabetes Care: Medical Attention for Nephropathy*	NCQA/ HEDIS	NQF 0062	P4R
Colorectal Cancer Screening*	NCQA/ HEDIS	NQF 0034	P4R
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment*	NCQA/ HEDIS	NQF 0105	P4R
Follow-up After Hospitalization for Mental Illness^	NCQA/ HEDIS	NQF 0576	P4R
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*	NCQA/ HEDIS	NQF 0004	P4R

* Included in the IPC/TCGP measure set
^ Included in the Health and Recovery Plan (HARP) measure set
Acronyms: NCQA denotes the National Committee for Quality Assurance; HEDIS denotes the Healthcare Effectiveness Data and Information Set; NQF denotes National Quality Forum

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2020 MLTC MAP, FIDA, and PACE – Category 1 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days*	UAS – NY/ New York State	P4P
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/ New York State	P4P
Percentage of members who did not experience uncontrolled pain*	UAS – NY/ New York State	P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/ New York State	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection*	UAS – NY/ New York State with linkage to SPARCS data	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection‡	MDS 3.0/ New York State with linkage to SPARCS data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set
Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members; SPARCS denotes the Statewide Planning and Research Cooperative System; MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members
Red Font = An added measure

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2020 MLTC MAP, FIDA, and PACE – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Percent of long stay high risk residents with pressure ulcers‡	MDS 3.0/CMS	P4P
Percent of long stay residents who received the pneumococcal vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents who received the seasonal influenza vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents experiencing one or more falls with major injury‡	MDS 3.0/CMS	P4P
Percent of long stay residents who lose too much weight‡	MDS 3.0/CMS	P4P
Percent of long stay residents with a urinary tract infection‡	MDS 3.0/CMS	P4P
Care for Older Adults – Medication Review	NCQA	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder‡	MDS 3.0/CMS	P4P
Percent of long stay residents whose need for help with daily activities has increased‡	MDS 3.0/CMS	P4P
Percentage of members who rated the quality of home health aide or personal care aide services within the last 6 months as good or excellent*	MLTC Survey/New York State	P4R

‡ Included in the NYS DOH Nursing Home Quality Initiative measure set
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2020 MLTC MAP, FIDA, and PACE – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who responded that they were usually or always involved in making decisions about their plan of care*	MLTC Survey/New York State	P4R
Percentage of members who reported that within the last 6 months the home health aide or personal care aide services were always or usually on time*	MLTC Survey/New York State	P4R
Percent of long stay residents who have depressive symptoms‡	MDS 3.0/CMS	P4P
Percent of long stay residents with dementia who received an antipsychotic medication‡	MDS 3.0/Pharmacy Quality Alliance	P4P
Percent of long stay residents who self– report moderate to severe pain‡	MDS 3.0/CMS	P4P

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2020 MLTC Fully Capitated Plans Measure Set – PACE

PACE Required Category 1 Measures - MY 2020.

Measures	Measure Source/ Steward	Measure Identifier	Classification
Percentage of PACE Participants with an Advance Directive or Surrogate Decision Maker Documented in the Medical Record AND Percentage of PACE Participants with Annual Review of their Advance Directive or Surrogate Decision Maker Document	CMS	--	P4R
Percent of Participants Not in Nursing Homes	CMS	--	P4R
PACE Participant Emergency Department Use Without Hospitalization	CMS	--	P4R

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2020 MAP, FIDA, and PACE – Category 1 Measures

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Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder‡	MDS 3.0/CMS	P4P
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MLTC VBP Quality Measure Reporting for Full Cap Plans

For all measures specific to MAP, FIDA, and PACE that require Medicare data or follow CMS measure development for PACE

> Category 1 – P4R measures must be reported to the State on an annual basis

> For MAP and FIDA, plans will report measures for Plan/Provider-VBP Contractor attribution combinations

> For PACE, PACE organizations will report measures for the PACE **ONLY** if the PACE has a VBP contract with an outside contractor.

The instructions for reporting will be added to the *2020 Value Based Payment Reporting Requirements Technical Specifications Manual*

For all measures recommended for P4P use for VBP purposes for MAP, FIDA, and PACE (see slide 18)

> Category 1 VBP measures selected by MAP, FIDA, and PACE plans and Providers/VBP Contractors from the MLTC VBP Quality Measure set will be calculated by the State for Plan/Provider-VBP Contractor combinations submitted to the State in the plan-submitted attribution file.

> The Nursing Home PAH measure will be calculated annually at a facility level.

> All Category 2 MLTC VBP measures may be used at the discretion of the contractual parties.

> At least one measure must be used as a P4P measure.

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Misconceptions and Best Practices

- The Potentially Avoidable Hospitalization (PAH) measure for VBP is NOT the PAH measure used in the MLTC Quality Incentive (MLTC QI). The MLTC QI is accounting for the full MLTC population while VBP is a subset.

- Skilled Nursing Facility - PAH is the unadjusted PAH from the Nursing Home Quality Initiative Open Data dataset.

- The PAH Baseline for 2019 is Jan- June of 2017. The Baseline for non-PAH measures is 2018.

- The PAH Baseline for 2020 is July- Dec of 2018. The Baseline for non-PAH measures is 2019.

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2020 Roadmap Compliance Requirements

By 4/1/2020, 80-90% of managed care spending should be in VBP Level 1 and over; 35% of Fully Capitated arrangements should be in Level 2 or 3 and15% should be in Level 2 or 3 for MLTC Partially Capitated plans.

CAG Feedback

What are your thoughts on:

-Changing any Category 1 measures to Category 2 measures

-Changing any Category 2 measures to Category 1 measures

-Changing any P4P measures to P4R measures

-Changing any P4R measures to P4P measures

Next Steps and Closing Remarks

- **Key Milestones**
  - October 2019 – MY 2020 Measure Set Released
  - October 2019 – The MLTC *2020 Value Based Payment Technical Specifications Manual* Will Be Released For 2020 Measurement Year
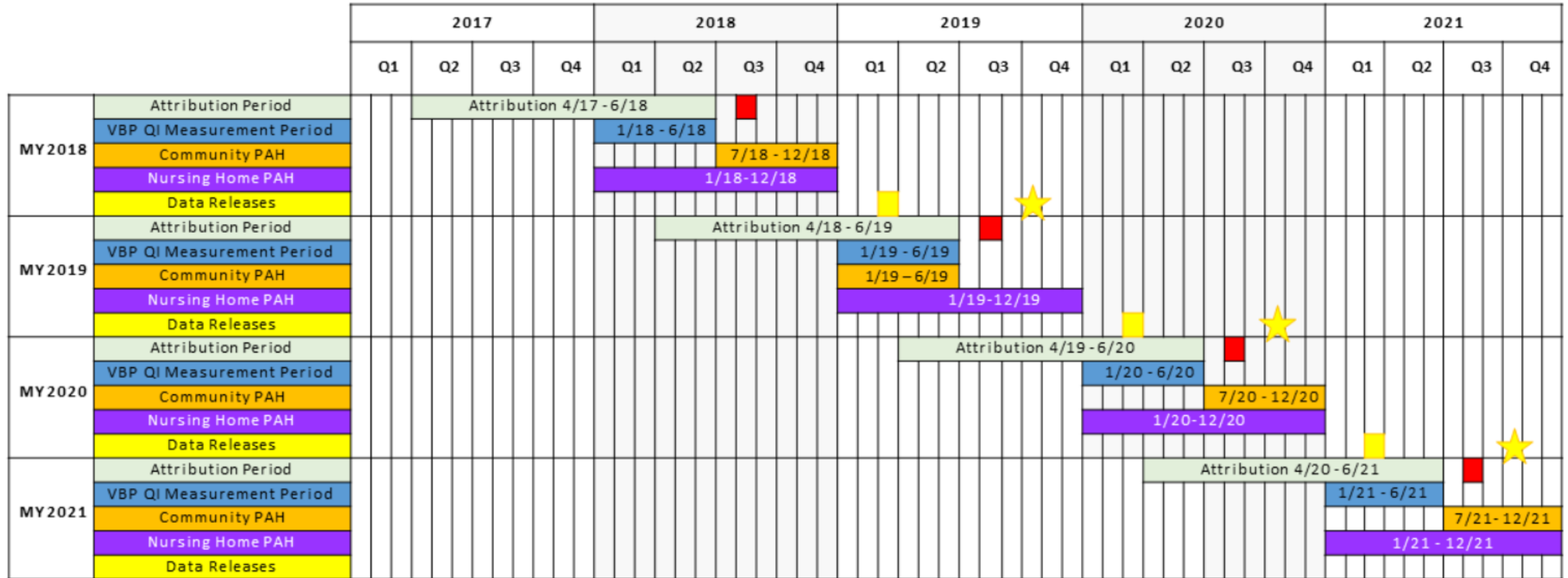
- Questions and Comments
  - As always, questions and comments may be directed to **mltcvbp@health.ny.gov**

- Many thanks for participating in the MLTC CAG!

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Appendix

MLTC VBP Quality Measure Data Reporting Timeline

Legend

🟥 - Attribution file due to DOH

🟨 - Preliminary Community Potentially Avoidable Hospitalizations (PAH) data released

⭐ - Final VBP Quality Incentive (QI) and PAH data released