



**Department  
of Health**

# **Managed Long-Term Care Quality Incentive Workgroup**

**December 7, 2016**



## **MLTC QI Workgroup Charge**

The charge of MLTC Quality Incentive Workgroup is to advise the Department of Health on using measures of quality, satisfaction, compliance, and efficiency to create a total quality score. The total quality score will be the basis for payment distribution for the MLTC Quality Incentive.

# Overview

- Review 2016 MLTC Quality Incentive Methodology
- Propose 2017 MLTC Quality Incentive Methodology
- Measure exploration

# Review 2016 MLTC Quality Incentive Methodology

## 2016 MLTC QI Methodology

- Similar to 2015 methodology
- Four components

Component	# Measures	Points	Point Assignment Method
Quality	10	50	percentile rank
Satisfaction	6	30	significance test
Compliance	5	10	yes/no
Efficiency	1	10	significance test

- Distribute
  - Methodology document
  - Overall summary document
  - Plan specific documents
- Handling of SS and NS results unchanged

May 2016

Early 2017

Early 2017



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## 2016 MLTC QI Handling Small Sample Size

- Measures with <30 members in the denominator
  - Small Sample Size (SS)
  - Results suppressed
- Some plans did not exist at the time of the satisfaction survey
  - Not Surveyed (NS)
- Reduce base points where there are SS or NS results
- Example
  - Total possible base points = 100
  - Total possible satisfaction points = 30;  $30/6=5$  points per measure
  - Reduced base for plans all NS satisfaction results =70
  - Reduced base for plans with one SS satisfaction result =95



## 2016 Quality Measures (1)

1. Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days
2. Risk-adjusted percentage of members who did not have falls that required medical intervention in the last 90 days
3. Risk-adjusted percentage of members who did not experience uncontrolled pain
4. Risk-adjusted percentage of members who were not lonely or not distressed
5. Percentage of members who received an influenza vaccination in the last year

## 2016 Quality Measures (2)

6. Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so
7. Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity
8. Risk-adjusted percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score
9. Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence
10. Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath



## **2016 Satisfaction Measures (results held for two years)**

1. Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent
2. Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care
3. Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant services were usually or always on time
4. Risk-adjusted percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent
5. Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent
6. Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent

## 2016 Compliance Measures

1. No statement of deficiency for failure to submit Provider Network data during the measurement year 2015
2. No statement of deficiency for timeliness or completeness of MEDS III submission for measurement year 2015
3. No statement of deficiency for timeliness or completeness of MMCOR submission for measurement year 2015
4. ~~MEDS vs. MMCOR ratios of at least 75% encounter data gross dollars must represent at least 75% of MMCOR reported medical expense for measurement year 2015~~
  - *Ratios are not available at this time*
  - *Based point will be reduced by 2 as if SS or NS measure results*
5. No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period January through June 2016

## **2016 New Compliance Measure**

### **Percent Incomplete Assessments**

#### **➤ Measure Definition**

- No statement of deficiency (SOD) for percentage of incomplete assessments exceeding a threshold for acceptable percentage for the measurement period
- Current measurement period is January through June 2016

#### **➤ Denominator Criteria**

- Members for whom the MLTC plan received six continuous months of capitation payments during the measurement period

#### **➤ Numerator Criteria**

- The number of members in the denominator that do not have a finalized Community Health Assessment (CHA) during the measurement period

## New Measure – Importance & Implementation

### ➤ Importance

- Accurate reflection of membership in MLTC measures
- Accurate risk-adjustment of measures and payment rates
- Timely modification to plan of care
- Six month assessment interval is a programmatic requirement

### ➤ Implementation provided plans an opportunity to work on this measure before inclusion in the 2016 MLTC Quality Incentive.

- Statewide and plan specific results, including a list of member IDs that are in the plan's numerator, were shared with plans in May/June 2016.

## 2016 Efficiency Measure

1. Potentially Avoidable Hospitalizations (PAH)
  - A hospitalization was considered potentially avoidable if any one of the following conditions was the admitting diagnosis.
    - Heart failure
    - Respiratory infection
    - Electrolyte imbalance
    - Sepsis
    - Anemia
    - Urinary tract infection
  - Rate is the total number of PAH events divided by the total number of days members are enrolled in the MLTC plan.
  - July through December 2015 SPARCS data
  - January through December 2015 CHA data



## 2016 MLTC QI Payment

- 2016 dollar amount
  - \$150 million for PACE, MAP and Partial Capitation plans
- Payment structure
  - Lump sum
  - Not part of capitation
- Payment related questions can be directed to
  - [mltcrs@health.ny.gov](mailto:mltcrs@health.ny.gov)

# Propose 2017 MLTC Quality Incentive Methodology

## Proposed 2017 MLTC QI Methodology

- Similar to 2016 methodology
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January 2017

Early 2018

Early 2018

## 2017 MLTC QI Measures and Benchmarks

- July through December 2015 MLTC data is available on Health Data NY (<https://health.data.ny.gov/>)
- January through June 2016 MLTC data will soon be available on Health Data NY
- Measures (handout)
- Benchmarks (handout)
  - Crude statewide rates
  - Plan ranges (percentiles)

## Proposed 2017 MLTC QI Changes

- Based on benchmarks, replace or drop quality measures that approach 100%
- No anticipated changes

# Proposed 2017 MLTC QI Time Frames

## ➤ Data

- Quality Measures
  - January through June 2017 CHA
- Satisfaction Measures
  - 2017 survey
- Compliance Measures
  - 2016 MEDS III, MMCOR, Provider network
  - January through June 2017 CHA and Medicaid capitation payments
- Efficiency Measure
  - January through December 2016 CHA and July through December 2016 SPARCS

## ➤ Releases

- Methodology document
  - January 2017
- Report feedback
  - November 2017
- Quality Incentive finalized
  - Early 2018

# Measure exploration

## Additional Measure Exploration

- Two additional measures were evaluated (next slides)
  - Compliance: Rate of Missing Responses on the Community Health Assessment (CHA)
  - Efficiency: Potentially Preventable Readmission, based on workgroup feedback
- New measure ideas (not yet explored)
  - Compliance: SOD for unsatisfactory completion of Performance Improvement Project (PIP)

## Missing Responses

- MLTC plans are required to conduct a comprehensive assessment of each member at least once every six months.
  - A comprehensive assessment should not have many missing responses.
- Rate of Missing Responses on the MLTC CHA
  - Calculated on statewide and plan levels
  - Exclusions: CHA items required for NFLOC and free text responses
  - Denominator: Total possible missing responses (number of assessments multiplied by 170 CHA items)
  - Numerator: Count of missing responses in all assessments
  - Rate: Numerator divided by denominator multiplied by 100
  - Results:

Statewide Rate	Plan Rate Range	Time Frame
1.54	0.77 – 3.29	July – Dec. 2015



## Missing Responses Issues

- Issues with Missing Responses Measure
  1. Low rates with little variability, resulting in limited room for improvement
  2. Coming UAS-NY system changes that will reduce missing responses
    - Additional fields will be required to finalize an assessment
- Decision – Missing Responses Measure will not be used

## Potentially Preventable Readmission Measure

- Tested feasibility of a Potentially Preventable Readmission (PPR) measure for the MLTC population
- Reviewed multiple methodologies
- Tested two methodologies
  1. 3M PPR algorithm
  2. CMS Potentially Preventable Hospital Readmission measure [in alignment with the Improving Post-Acute Care Transformation (IMPACT) Act]

# PPR – 3M Method

## ➤ 3M PPR algorithm

- The PPR software created by 3M Health Information Systems identifies hospital admissions clinically related to an initial admission within a specified time period.
- Denominator: All at-risk admissions for MLTC members
- Numerator: Number of admissions that were followed by a PPR chain. A PPR chain is a sequence of PPRs that are all clinically-related to the initial admission.
- Some types of admissions are excluded from consideration due to the nature and complexity of the required follow up care. After removing these admissions, the remaining admissions were considered to be at risk to be followed by a PPR.

- Results:

Statewide Rate	Plan Rate Range	Time Frame
11.4	0.0 - 23.8	Jan. through Dec. 2014



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## PPR – CMS Method

### ➤ Potentially Preventable Hospital Readmission (CMS)

- As part of the IMPACT Act CMS developed a set of PPR measures for post-acute care (PAC) settings.
- Denominator: All at-risk admissions for MLTC members. An at-risk admission is defined as any hospital admission that could possibly be followed by a readmission.
- Numerator: All readmissions within 1-30 days of at-risk admission that are unplanned and considered to be potentially preventable.
- Principal diagnosis and procedure codes are used to determine readmissions that are considered to be unplanned and potentially preventable. A readmission window of 15-30 days was also examined.

#### Results:

Readmission Window (days)	Statewide Rate	Plan Rate Range	Time Frame
1-30	7.8	0.0 - 14.8	July through Dec. 2014
15-30	3.2	0.0 - 11.1	July through Dec. 2014



## PPR Measure Issues

- Issues with PPR measure
  1. Many of the diagnoses included in the PPR measure are also included in the PAH measure.
  2. Healthy members are included in the PAH denominator. Healthy members are **not** included in the PPR measure.
  3. Nearly 25% of plans would be considered small sample size (a denominator of less than 30 if a six month window of hospital admissions similar to the PAH methodology is used).
  4. What is the appropriate window to measure readmissions for MLTC quality reporting? 1-30 days? 15-30 days?
  5. 3M algorithm is proprietary software. There is limited ability to modify the measure.
- Decision - PPR measure will not be used

# Questions and Comments

