



**Department
of Health**

Managed Long-Term Care Quality Incentive Workgroup

November 27, 2018

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 2018 MLTC Quality Incentive Methodology
- Propose 2019 MLTC Quality Incentive Methodology

Review 2018 MLTC Quality Incentive Methodology



2018 MLTC QI Methodology

➤ Similar to 2017 methodology

- 2018 will exclude 1 of the 10 quality measures due to inconsistent guidance and 1 of the five compliance measures as data is not ready
- Base points will be 93

➤ Four components

Component	# Measures	Points	Point Assignment Method
Quality	9	45	percentile rank
Satisfaction	6	30	significance test
Compliance	4	8	yes/no
Efficiency	1	10	significance test

➤ Distribute

- Methodology document December 2017
- Overall summary document Early 2019
- Plan specific documents Early 2019

➤ Handling of SS and NS results unchanged



2018 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 = 93
 - Total possible satisfaction points = 30; $30/6=5$ points per measure
 - Reduced base for plans all NS satisfaction results =63
 - Reduced base for plans with one SS satisfaction result =88

2018 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 experience falls that resulted in major or minor injury 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 were not distressed
5. Percentage of members who received an influenza vaccination in the last year

2018 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

2018 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

2018 Compliance Measures

1. No statement of deficiency for failure to submit Provider Network data during the measurement year 2017
2. No statement of deficiency for timeliness or completeness of MEDS III submission for measurement year 2017
3. No statement of deficiency for timeliness or completeness of MMCOR submission for measurement year 2017
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 2017~~ (Data not yet ready)
5. No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period January through June 2018

2018 Efficiency Measure

1. Potentially Avoidable Hospitalizations (PAH)

- A hospitalization was considered potentially avoidable if any one of the following conditions was the primary diagnosis (based on ICD-10-CM codes).
 - 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.
- January through June 2017 SPARCS data
- October 2016 through June 2017 CHA data



2018 Efficiency Measure – Date Changes

➤ The dates used for PAH are changed as follows

- ~~July through December 2107 SPARCS data~~
- ~~April through December 2017 CHA data~~
- January through June 2017 SPARCS data
- October 2016 through June 2017 CHA data

➤ This change is necessary due to delays in completeness of SPARCS data

2017 SPARCS Data Delay

- The SPARCS [webpage](#) provides the following explanation for the delay (on October 25, 2018)

Notice to Approved Data Requestors:

Between October 2017 and March 2018, the SPARCS program migrated its intake system to a new intake system. Because of this transition, a new data file format was created.

SPARCS 2017 data updates have been delayed as we continue to monitor data completeness and quality. Approved data requestors with a scheduled refresh between February 2018 and October 2018 have been impacted with a delay.

The SPARCS program plans data release to begin in November 2018. An email is going out to all affected data requestors. If you have concerns or questions about your data refresh, please contact us at: sparcs.requests@health.ny.gov

We appreciate your patience as we conclude this major data and technology system transformation.



**Department
of Health**

2018 MLTC QI Payment

- 2018 dollar amount
 - \$141.5 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

Propose 2019 MLTC Quality Incentive Methodology



Proposed 2019 MLTC QI Methodology

➤ Similar to 2018 methodology

- Resume the quality and compliance measures removed for 2018 (No ER visits, Ratio)

➤ Four components

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

➤ Distribute

- Methodology document
- Overall summary document
- Plan specific documents

December 2018

Early 2020

Early 2020

➤ Handling of SS and NS results unchanged



**Department
of Health**

2019 MLTC QI Measures and Benchmarks

- July through December 2017 MLTC data is available on Health Data NY (<https://health.data.ny.gov/>)
- January through June 2018 MLTC data will soon be available on Health Data NY and eMLTC tables
- Measures (handout)
- Benchmarks (handout)
 - Crude statewide rates
 - Plan ranges (percentiles)



2019 Proposed Compliance Measure

➤ Category

- Performance Improvement Project (PIP)

➤ Measure description

- No Statement of Deficiency (SOD) for failure to comply with the previous year's PIP requirement deadlines.

➤ Time frame

- Previous year (2018 SOD for 2019 Quality Incentive)

Proposed 2019 MLTC QI Changes

- Based on benchmarks, replace or drop quality measures that approach 100%
- Anticipated changes
 1. Resume No ER visits and Ratio measures
 2. New compliance measure related to PIPs

Proposed 2019 MLTC QI Time Frames

➤ Data

- Quality Measures -January through June 2019 CHA
- Satisfaction Measures -2019 survey
- Compliance Measures -2018 MEDS III, MMCOR, Provider network
-January through June 2019 CHA and Medicaid capitation payments
-2018 PIPs
- Efficiency Measure -April through December 2018 CHA and
July through December 2018 SPARCS

➤ Releases

- Methodology document -December 2018
- Report feedback -November 2019
- Quality Incentive finalized -Early 2020



MLTC Value-Based Payment (VBP)

- On November 2, 2018, the Department released the **final** January-June 2017 Potentially Avoidable Hospitalization (PAH) rates.
- The 2018 MLTC contract template references July-December 2016 as the baseline.
- Due to SPARCS completeness issues for the 4th Quarter of 2017, the Department is changing the baseline period to January-June 2017 for the upcoming (2019) VBP year.
- Requests for final results of MLTC VBP Category 1 measures at a provider level for July-December 2016 or January-June 2017 period should go to nysqarr@health.ny.gov



Questions and Comments

