



**Department
of Health**

Managed Long-Term Care Quality Incentive Workgroup

November 13, 2017

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 2017 MLTC Quality Incentive Methodology
- Propose 2018 MLTC Quality Incentive Methodology

Review 2017 MLTC Quality Incentive Methodology



2017 MLTC QI Methodology

- Similar to 2016 methodology
 - 2016 excluded 1 of the 5 compliance measure because it was not available

- 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 January 2017
- Overall summary document Early 2018
- Plan specific documents Early 2018

- Handling of SS and NS results unchanged



2017 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

2017 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 were not distressed
5. Percentage of members who received an influenza vaccination in the last year

2017 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



2017 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

2017 Compliance Measures

1. No statement of deficiency for failure to submit Provider Network data during the measurement year 2016
2. No statement of deficiency for timeliness or completeness of MEDS III submission for measurement year 2016
3. No statement of deficiency for timeliness or completeness of MMCOR submission for measurement year 2016
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 2016
5. No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period January through June 2017

2017 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.
- July through December 2016 SPARCS data
- April through December 2016 CHA data

2017 MLTC QI Payment

- 2017 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

Propose 2018 MLTC Quality Incentive Methodology



Proposed 2018 MLTC QI Methodology

- Similar to 2017 methodology
- Four components

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➤ Distribute

- Methodology document
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December 2017

Early 2019

Early 2019

- Handling of SS and NS results unchanged



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2018 MLTC QI Measures and Benchmarks

- July through December 2016 MLTC data is available on Health Data NY (<https://health.data.ny.gov/>)
- January through June 2017 MLTC data will soon be available on Health Data NY
- Measures (handout)
- Benchmarks (handout)
 - Crude statewide rates
 - Plan ranges (percentiles)



2018 Falls Measure

- The Community Health Assessment falls questions were updated in the November 2017 UAS-NY release
 - The Reference Manual which is available within the UAS-NY training environment, has been updated to reflect this change.
- We anticipate the 2017 falls measure will be replaced in 2018, pending review of the data
- Previous falls measure:
 - Risk-adjusted percentage of members who did not have falls that required medical intervention in the last 90 days
- Proposed new falls measure:
 - Risk-adjusted percentage of members who did not have falls that resulted in injury in the last 90 days

2018 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 requirements.

➤ Time frame

- Previous year (2017 SOD for 2018 Quality Incentive)

Proposed 2018 MLTC QI Changes

- Based on benchmarks, replace or drop quality measures that approach 100%
- Anticipated changes
 1. Replace falls measure
 2. New compliance measure related to PIPs
 3. Final Tiers for payment will be preset. Tiers will be released in the methodology document.

Proposed 2018 MLTC QI Time Frames

➤ Data

- Quality Measures -January through June 2018 CHA
- Satisfaction Measures -2017 survey
- Compliance Measures -2017 MEDS III, MMCOR, Provider network
-January through June 2018 CHA and Medicaid capitation payments
-2017 PIPs
- Efficiency Measure -April through December 2017 CHA and
July through December 2017 SPARCS

➤ Releases

- Methodology document -December 2017
- Report feedback -November 2018
- Quality Incentive finalized -Early 2019



MLTC VBP Finance

- The State is committing **\$10M** in stimulus funding to help plans and providers comply with new contracting requirements and investments in alignment into VBP
 - “Claw back” of stimulus funding if plan does not meet contracting requirements
 - Funds to be invested retrospectively in April 2017 rates
- Additionally, the State is committing **\$50M** for performance payments between plans and providers
 - Align with Mainstream Managed Care VBP by using 2017 base year, 2018 measurement year, and payments in SFY 2020-2021

Questions and Comments

