NEW YORK STATE | Department of Health | Medicaid Redesign Team

Managed Long Term Care Clinical Advisory Group Meeting

Overview of Level 1 Value Based Payment Arrangements & Measurement Year 2017 Quality Measures

Khalil Alshaer, MD
Medical Director, Division of Long Term Care
New York State Department of Health
Office of Health Insurance Programs

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Agenda

• Welcome and Meeting Agenda	5 min
• Update on Value Based Payment (VBP) Implementation in Managed Long Term Care (MLTC)	10 min
• MLTC VBP Quality Measure Sets for the Measurement Year (MY) 2017	15 min
• Next Steps	5 min
• Questions & Discussion	25 min

Update on VBP Implementation in MLTC

Overall Goals and Timeline for VBP

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.

2016	2017	2018	2019	2020
Delivery System Reform Incentive Payment (DSRIP) Program Goals	***April 2017***	***April 2018***	***April 2019***	***April 2020***
	Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP	**≥ 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above**	**≥ 50% of total MCO expenditure in Level 1 VBP or above. ≥ 15% of total payments contracted in Level 2 or higher**	**80-90% of total MCO expenditure in Level 1 VBP or above ≥ 35% of total payments contracted in Level 2 or higher**

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Multiple VBP Arrangement Options Including MLTC

There is no single path towards Value Based Payments. Rather, there are a variety of options that MCOs and VBP Contractors can jointly choose.

Multiple Arrangement Options

- ❑ Total Care for General Population (TCGP)
- ❑ Integrated Primary Care (IPC)
- ❑ Maternity Bundle
- ❑ Total Care for Health and Recovery Plans (HARP) Subpopulation
- ❑ Total Care for HIV/AIDS Subpopulation
- ❑ **Total Care for Managed Long Term Care (MLTC) Subpopulation**
- ❑ Total Care for Intellectually/Developmentally Disabled (I/DD) Subpopulation

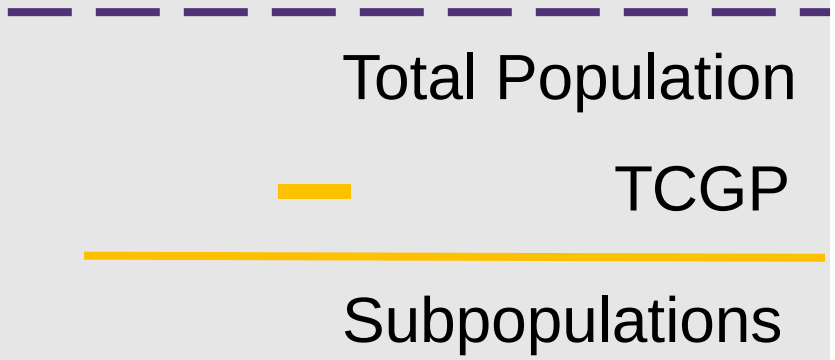
*New York State Department of Health, Medicaid Redesign Team, *A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform*, June 2016. (Link)

MLTC VBP Vision: Total Cost of Care *Including Medicare*

Goal: Improve population health through enhancing the quality of care for specific subpopulations that often require highly specific, intensive care.

- New York State Department of Health (DOH) has identified three subpopulations with their own distinct, dedicated managed care arrangements:
  - **MLTC;**
  - HIV/AIDS;
  - HARP.
- A fourth subpopulation, to include specialty services provided by the Office for Persons with Developmental Disabilities – IDD – is under development as these services are not included in managed care.

In total cost of care subpopulation arrangements VBP Contractors take responsibility for all care needed by the Medicaid member.



NYS Roadmap Alternative Level 1 MLTC VBP Arrangement

- Until such time as alignment with Medicare is possible, NYS can establish a performance incentive payment program to reward MLTC providers for reducing avoidable hospital use.
- **This meets the alternative definition for Level 1 VBP for MLTC.**

"If the Medicare dollars cannot be (virtually) pooled with the State's Medicaid dollars, and savings in Medicare cannot be shared with Medicaid providers (or vice versa), the impact of payment reform for this population threatens to be limited, and long term care providers will have difficulty achieving scale in VBP transformation. To remedy this, the State is working with CMS to create aligned shared savings possibilities within Medicaid and Medicare.

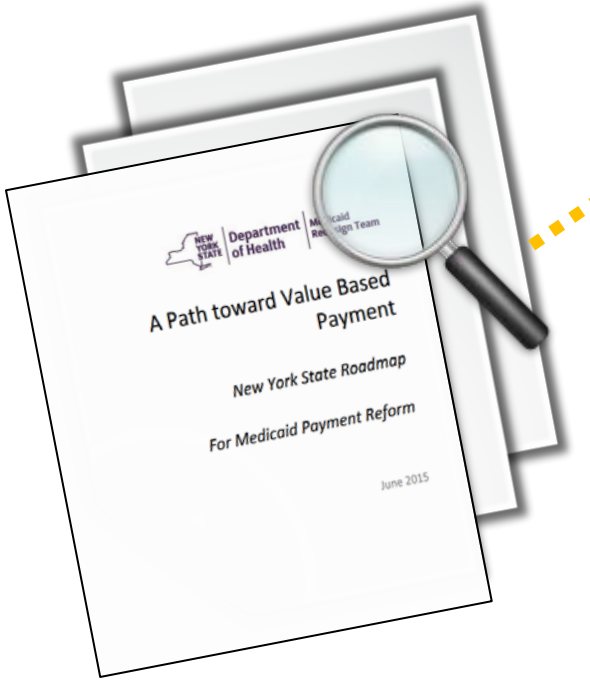
In anticipation, the State aims to treat potentially avoidable hospital use as 'quality outcomes' for this subpopulation, improving the quality of life for these members, and rewarding MLTC providers when certain levels of reduced avoidable hospital use are reached. Such arrangements could be treated as Level 1 VBP arrangements, and would be eligible for financial incentives. Improved quality and reduced overall costs can also be realized by delaying or avoiding nursing home admissions through targeted interventions amongst the MLTC population residing at home."

Source: New York State Department of Health, Medicaid Redesign Team, *A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform*, June 2016, p. 18. (link)

VBP Quality Measures for MLTC

Quality Measure Selection Process

"The Category 1 quality measures recommended by each CAG and accepted by the State are to be reported by the VBP contractors. The measures are also intended to be used to determine the amount of shared savings that VBP contractors are eligible for … " [1]



MLTC CAG recommends measures to NYS → NYS conducts measure feasibility review → VBP Contractors report on measures

Final proposals are presented to the Workgroup for comment following the measure feasibility review

[1] New York State Department of Health, Medicaid Redesign Team, *A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform*, June 2016., p. 34. Available at (link)

Measure Feasibility

Measure Feasibility focused on 9 factors:

- **Specification** – Does the measure have clear specification for data sources and methods for data collection and reporting?
- **Reasonable Cost** – Does the measure impose an inappropriate burden on health care systems?
- **Confidentiality** – Does the data collection violate accepted standards of member confidentiality?
- **Logistical Feasibility** – Is the required data available for the specified reporting source?
- **Auditability** – Is the measure susceptible to manipulation or “gaming” that would be undetectable in an audit?
- **NYS Guidelines** – Does the measure conflict with current accepted NYS guidelines?
- **Duplicate Measures** – Does the measure conflict with, or is a duplicate of, other measures in the same or related set?
- **High Performance** – Has statewide performance already topped out on this measure?
- **Sample Size** – Is there sufficient sample size at the VBP contractor level?

Categorizing and Prioritizing Quality Measures

CATEGORY 1
Approved quality measures that are clinically relevant, reliable and valid, and feasible.

CATEGORY 2
Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures require further investigation before being fully implemented.

CATEGORY 3
Measures that are insufficiently relevant, valid, reliable and/or feasible.

The measure classifications provided on the following slides are recommendations for the 2017 Measurement Year (MY). During 2017, the CAGs and the VBP Workgroup will re-evaluate measures for MY 2018. Measure reclassification will be considered on an annual basis.

Category 1 Measures

- Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors.
- The State classified each Category 1 measure as P4P or P4R. For measurement year (MY) 2017, all MLTC Category 1 measures were designated as P4P.

Pay for Performance (P4P)

- Measures designated as P4P are intended to be used in the determination of shared savings for which VBP Contractors are eligible
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors

Pay for Reporting (P4R)

- Measures designated as P4R are intended to be used by MLTC plans to incentivize VBP Contractors to report data to monitor quality of care delivered to members under the VBP contract
- MLTC plans and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting

Measures can move from P4R to P4P through the annual CAG and State review process or as determined by the MLTC plan and VBP Contractor via contracting.

Category 2 and 3 Measures

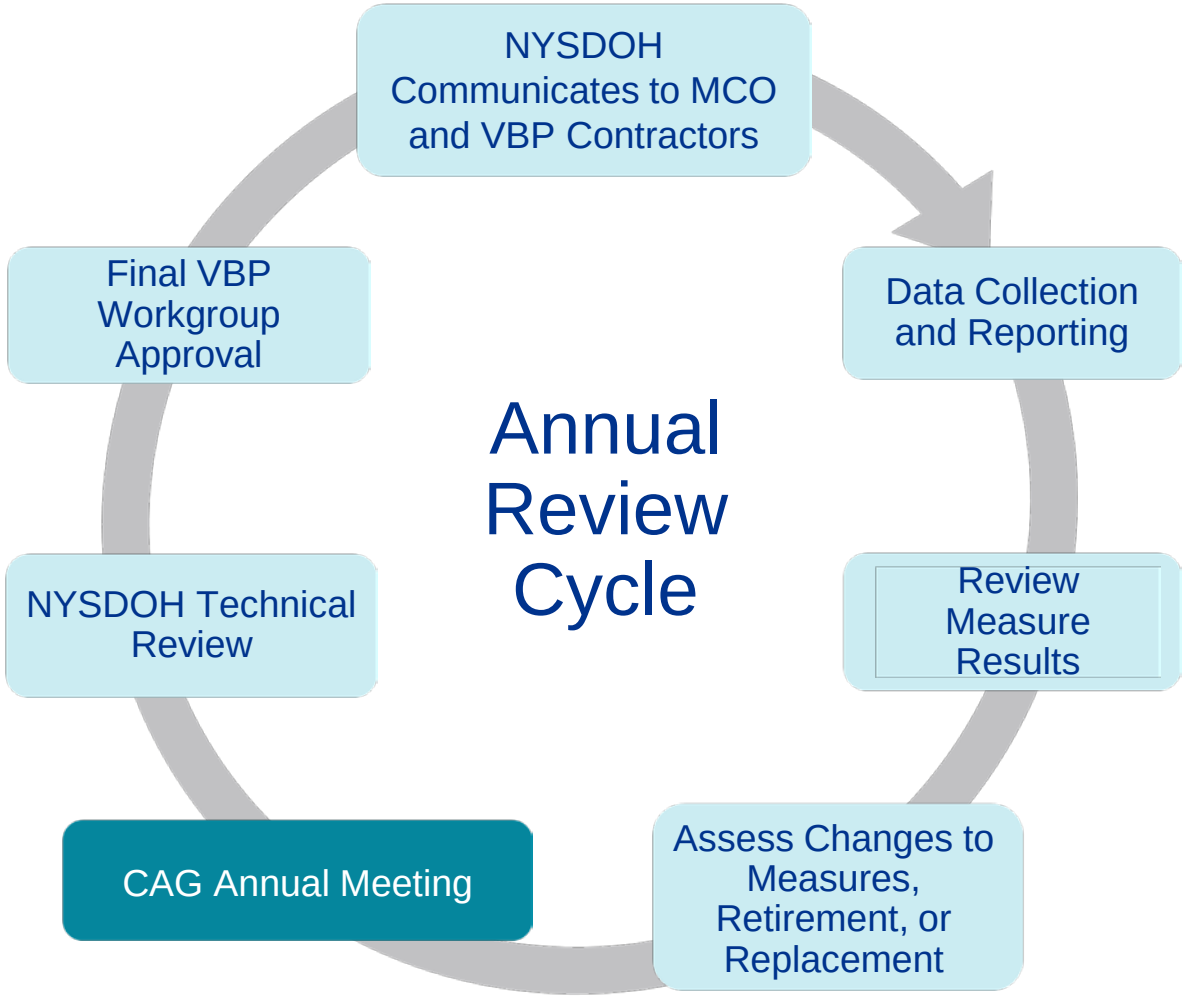
Category 2

- Category 2 measures have been accepted by the State based on agreement of measure importance, but were flagged for concerns regarding implementation feasibility.
- For MLTC, Category 2 measures include measures selected from the Nursing Home Quality Initiative and the NYS MLTC Survey by the CAG, as well as several medication review measures used in other programs.
- MLTC Category 2 measures will need further investigation before being fully implemented in VBP. Information on a measure testing approach, data collection, and reporting requirements will be provided at a later date.
- MLTC plans with a significant number of long-stay nursing home members may opt to use the Category 2 Nursing Home Quality Initiative measures.

Category 3

- Category 3 measures were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for the VBP arrangement. These measures will not be tested in pilots or included in VBP at this time.

VBP Quality Annual Measure Set Review



Annual Review

CAGs will convene to evaluate the following:

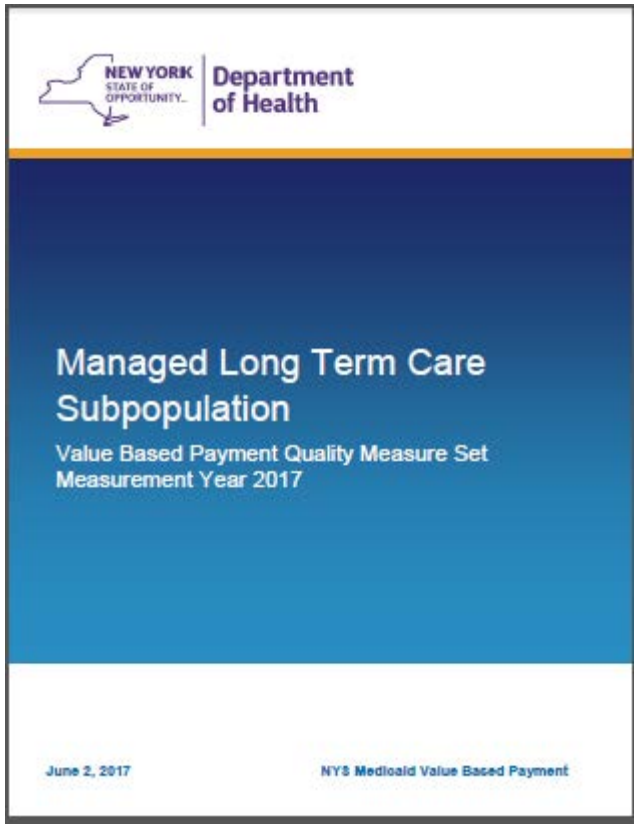
- Feedback from VBP Contractors, MCOs, and stakeholders;
- Any significant changes in evidence base of underlying measures and/or measurement gaps;
- Categorization of measures and make recommended changes.

State Review Panel:

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion;*
- Review measures under development to test reliability and validity;
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R).

Value Based Payment Program
Measurement Year (MY) 2017 Quality Measure Sets

- The MY 2017 Quality Measure Set for MLTC has been finalized and posted to the NYS DOH VBP website (link)



MLTC Measure Feasibility Summary

As outlined in the December 2016 Value Based Payment Recommendation Report, the MLTC CAG recommended 26 measures be classified as Category 1 and 11 measures classified as Category 2 for the MLTC Quality Measure Set.

The following changes are based on DOH feasibility review:

Measure Disposition	Rationale for Change	Count
Unchanged		10
Category 1 Measure Added	Added to facilitate a Level 1 arrangement that rewards avoidable hospitalization	1
Move to Category 2	Member volume a concern as nursing home benefits for many remain outside of MLTC	11
	Concerns related to survey administration	4
	Requires clinical data from medical record review	1
Move to Category 3	Requires Medicare data	9
	Not actionable for VBP	2
Total		**38**

MLTC: Category 1 Quality Measure List

All Cat 1 Measures in MY 2017 are designated P4P

CAG #[1]	Measure	Measure Source/ Steward [2]	State Recommended Category	State Recommended Classification	Rationale for Change
1	Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/New York State	1	P4P	*No Change*
2	Percentage of members who did not have falls resulting in medical intervention in the last 90 days*	UAS – NY/New York State	1	P4P	*No Change*
3	Percentage of members who did not experience uncontrolled pain*	UAS – NY/New York State	1	P4P	*No Change*
4	Percentage of members who were not lonely and not distressed*	UAS – NY/New York State	1	P4P	*No Change*
5	Percentage of members who received an influenza vaccination in the last year*	UAS – NY/New York State	1	P4P	*No Change*
7	Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/New York State	1	P4P	*No Change*

[1] CAG # based on the measure identifier included in the December 2016 Long-Term Care Value Based Payment Recommendation Report
[2] UAS – NY denotes the Uniform Assessment System for New York for MLTC members
* Included in the NYS DOH MLTC Quality Incentive measure set

MLTC: Category 1 Quality Measure List

All Cat 1 Measures in MY 2017 are designated P4P

CAG #	Measure	Measure Source/ Steward	State Recommended Category	State Recommended Classification	Rationale for Change
8	Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/New York State	1	P4P	*No Change*
9	Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/New York State	1	P4P	*No Change*
10	Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/New York State	1	P4P	*No Change*
New	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	1	P4P	Measure can be used in Level 1 VBP arrangements to reward VBP Contractors for reducing hospitalizations. Added to Cat 1.

* Included in the NYS DOH MLTC Quality Incentive measure set
± SPARCS denotes Statewide Planning and Research Cooperative System

MLTC: Category 2 Quality Measure List

CAG #	Measure	Measure Source/ Steward [1]	State Recommended Category	State Recommended Classification	Rationale for Change
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*	MLTC Survey/New York State	2	P4R	Moved from Category 1 – Concerns related to survey administration and sample size issues
11	Percent of long stay high risk residents with pressure ulcers+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
12	Percent of long stay residents who received the pneumococcal vaccine+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
13	Percent of long stay residents who received the seasonal influenza vaccine+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
14	Percent of long stay residents experiencing one or more falls with major injury+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
15	Percent of long stay residents who have depressive symptoms+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC

[1] MDS 3.0/CMS denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members
* Included in the NYS DOH MLTC Quality Incentive measure set
+ Included in the NYS DOH Nursing Home Quality Initiative measure set

MLTC: Category 2 Quality Measure List

CAG #	Measure	Measure Source/ Steward	State Recommended Category	State Recommended Classification	Rationale for Change
16	Percent of long stay low risk residents who lose control of their bowel or bladder+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
17	Percent of long stay residents who lose too much weight+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
18	Percent of long stay residents with dementia who received an antipsychotic medication+	MDS 3.0/Pharmacy Quality Alliance	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
19	Percent of long stay residents who self–report moderate to severe pain+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
20	Percent of long stay residents whose need for help with daily activities has increased+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC
21	Percent of long stay residents with a urinary tract infection+	MDS 3.0/CMS	2	P4R	Moved from Category 1 – Member volume a concern as nursing home benefits for many remain outside of MLTC

+ Included in the NYS DOH Nursing Home Quality Initiative measure set

MLTC: Category 2 Quality Measure List

CAG #	Measure	Measure Source/ Steward	State Recommended Category	State Recommended Classification	Rationale for Change
22	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	2	P4R	Moved from Category 1 – Concerns related to survey administration and sample size issues
23	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	2	P4R	Moved from Category 1 – Concerns related to survey administration and sample size issues
24	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	2	P4R	Moved from Category 1 – Concerns related to survey administration and sample size issues
25	Care for Older Adults – Medication Review	National Committee for Quality Assurance (NCQA)	2	P4R	Moved from Category 1 – Requires clinical data from medical record review
28	Use of High–Risk Medications in the Elderly	NCQA	2	P4R	*No Change*

* Included in the NYS DOH MLTC Quality Incentive measure set

MLTC: Category 3 Quality Measure List

CAG #	Measure	Measure Source/ Steward	State Recommended Category	State Recommended Classification	Rationale for Change
26	Potentially Avoidable Complications (PAC)	Altarum Institute (Formerly HCI3)	3	–	Moved from Category 1 – Requires Medicare data
27	Medication Adherence: Always adherent, 80% or more of the time adherent, Less than 80% of the time adherent	UAS – NY/New York State	3	–	Moved from Category 2 – Measure not actionable for VBP – Limited performance improvement possible due to current high performance
29	CMS Five–star Quality Rating for Staffing	CMS	3	–	Moved from Category 2 – Measure not actionable for VBP – Staffing measures and requirements are not outcome measures
30	Acute Care Hospitalization During the First 60 Days of Home Health	CMS	3	–	Moved from Category 2 – Requires Medicare data
31	Acute Care Hospitalization	CMS	3	–	Moved from Category 2 – Requires Medicare data
32	Emergency Department Use with Hospitalization	CMS	3	–	Moved from Category 2 – Requires Medicare data

MLTC: Category 3 Quality Measure List

CAG #	Measure	Measure Source/ Steward	State Recommended Category	State Recommended Classification	Rationale for Change
33	Proportion of patient with cancer admitted to the ICU in the last 30 days of life	American Society of Clinical Oncology	3	–	Moved from Category 2 – Requires Medicare data
34	Inpatient and ICU Days per Decedent During the Last Six Months of Life, by Gender and Level of Care Intensity	Dartmouth Atlas of Health Care	3	–	Moved from Category 2 – Requires Medicare data
35	Total Medicare Spend in last year / 6 months of life	Dartmouth Atlas of Health Care	3	–	Moved from Category 2 – Requires Medicare data
36	Proportion with more than one emergency room visit in the last days of life	American Society of Clinical Oncology	3	–	Moved from Category 2 – Requires Medicare data
37	Hospital–Wide All–Cause Unplanned Readmission Measure	CMS	3	–	Moved from Category 2 – Requires Medicare data

Next Steps for MLTC VBP

Next Steps

VBP Implementation

- Additional information will be provided on the structure of the quality incentive initiative.
- Guidance will be forthcoming on contract implications for conversion to Level 1 through the quality incentive initiative.

Quality Measures

- Guidance will be forthcoming on MY 2017 measure implementation.
- Stay tuned for additional information about next steps for the MLTC CAG.

Questions & Discussion

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov