

New York State Department of Health

Managed Long-Term Care (MLTC) 2017 Quality Incentive Methodology, 12/29/2016

The 2017 MLTC Quality Incentive is comprised of four areas: [1] quality measures, [2] satisfaction measures, [3] compliance measures, and [4] an efficiency measure. The incentive is based on the achieved points each plan earns in the four areas. A total of 100 points are available for the incentive.

Quality Measures (50 points)

Nine quality measures are calculated from the Uniform Assessment System for New York (UAS-NY) January through June 2017 data. One quality measure is based on the 2017 MLTC Member Satisfaction Survey results. Assessments that are conducted by an Adult Day Health Care facility for MLTC members are excluded from MLTC Quality Incentive. The allotted 50 points for quality are distributed evenly for all quality measures. The 2017 MLTC Quality Incentive includes 10 quality measures with each measure being worth a maximum of 5 points.

The quality measures included in the 2017 MLTC Quality Incentive are shown in the table below.

Measure Description
Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days*
Risk-adjusted percentage of members who did not have falls that required medical intervention in the last 90 days*
Risk-adjusted percentage of members who did not experience uncontrolled pain*
Risk-adjusted percentage of members who were not lonely or were not distressed*
Percentage of members who received an influenza vaccination in the last year
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
Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity*
Risk-adjusted percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*
Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence*
Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath*
*Risk-adjustment covariates to be determined.

The points for quality measures are awarded based on the statewide range of scores, as shown in the table below.

Plan Rate	Points Awarded for a Measure	Example Based on 5 Points per Measure
<50 th statewide percentile	No points	0.00 points
>= 50 th to <75 th statewide percentile	50% of the possible points	2.50 points
>= 75 th to <90 th statewide percentile	75% of the possible points	3.75 points
>=90 th statewide percentile	100%, full points	5.00 points

Satisfaction Measures (30 Points)

The satisfaction measures are based on the 2017 MLTC Member Satisfaction Survey results. The 2017 MLTC Quality Incentive includes 6 satisfaction measures with each measure being worth a maximum of 5.0 points.

The satisfaction measures included in the 2017 MLTC Quality Incentive are shown in the table below.

Measure Description
Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent*
Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care*
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*
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*
Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent*
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†
* Risk adjusted for age, education and self-reported health status. † Risk adjusted for age, education, self-reported health status, and cognition.

The points for satisfaction measures are awarded based on plan performance compared to the statewide average, as shown in the table below.

Plan Performance	Points Awarded for a Measure	Example Based on 5 Points per Measure
Results significantly lower than the statewide average	No points	0 points
Results not significantly different from the statewide average	50% of the possible points	2.5 points
Results significantly higher than the statewide average	100%, full points	5 points

Compliance Measures (10 points)

Compliance measures are based on the timely submission of required reports or assessment information. The compliance component consists of one measure from each of the following five areas: Medicaid Encounter Data System (MEDS), Medicaid Managed Care Operating Report (MMCOR), Ratio, Provider Network, and Community Health Assessments (CHA). Each measure is worth a maximum of 2 points.

The compliance measures included in the 2017 MLTC Quality Incentive are shown in the table below.

Category	Measure Description	Time frame
Provider Network	No statement of deficiency for failure to submit Provider Network data during the measurement year 2016.	Quarterly submissions within 2016
MEDS	No statement of deficiency for timeliness or completeness of MEDS III submission for measurement year 2016.	MEDS III data submitted for 2016
MMCOR	No statement of deficiency for timeliness or completeness of MMCOR submission for measurement year 2016.	MMCOR reports submitted for 2016
Ratio	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.	MEDS data and MMCOR reports submitted for 2016
CHA	No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period.	January - June 2017

Efficiency Measure (10 points)

Potentially Avoidable Hospitalization (PAH) is a measure of efficiency. A PAH is an inpatient hospitalization that might have been avoided if proper outpatient care was received in a timely fashion. The hospitalization is identified as potentially avoidable if the primary diagnosis is any one of the following conditions: heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection.

The Uniform Assessment System for New York (UAS-NY) 2016 data will be used for this measure. A series of identifying data from the UAS-NY dataset will be used to identify enrollees' potentially avoidable hospitalizations in the 2016 SPARCS inpatient dataset. Inpatient visits from July through December 2016 will be used. Members who were enrolled in a plan less than 3 months prior to the hospitalization are excluded from this analysis. The PAH measure is calculated by dividing the total number of potentially avoidable hospitalizations (numerator) by the number of plan days (denominator) multiplied by 10,000.

The points for the efficiency measure are awarded based on plan performance compared to the statewide average, as shown in the table below.

Plan Performance	Points Awarded	Example Based on 10 Points per Measure
Results significantly higher than the statewide average	No Points	0 points
Results not significantly different from the statewide average	50% of possible points	5 points
Results significantly lower than the statewide average	100%, full points	10 points

Small Sample Size and Not Surveyed

If a measure has less than 30 members in the denominator, it is considered to be Small Sample Size (SS) and results will be suppressed. There will be no reweighting for Small Sample Size or Not Surveyed (NS). If plan results are SS or NS, there will be overall reduction of quality points and/or satisfaction points. For example, 35 out of 100 possible points are derived from the satisfaction survey (one quality measure worth a maximum of 5 points and six satisfaction measures worth a maximum of 30 points). The total score possible for plans with no reported satisfaction results would be 65, not 100. If a plan has SS for one measure, the base will be reduced by the maximum value for that one measure.

Scoring and Payment Methodology

More information to follow

Timeframes

- Quality measures - based on January through June 2017 UAS-NY data, or 2017 satisfaction survey results
- Satisfaction measures - based on 2017 survey results
- Compliance measures - based on 2016 measurement year, or January through June 2017 UAS-NY data
- Efficiency measure - based on July through December 2016 SPARCS data and January through December 2016 UAS data
- Quality metrics will be run in the early fall 2017 with a feedback to plans prior to publication
- Anticipated release of the MLTC Quality Incentive is February/March 2018
- Rate adjustment for period 4/1/17 through 3/31/18 will be processed following Division of the Budget (DOB) and Centers for Medicare & Medicaid Services (CMS) approval. Payments will be released as a lump sum payment based on QI award tiers.
- Lump sum payments will be distributed early summer 2018