MLTC Annual Quality Workgroup Meeting Questions and Answers – December 7, 2016

Attendance

Based on roll call at the December 7, 2016 MLTC Quality Incentive Workgroup meeting the following Organizations were in attendance either in-person or on the phone.

Eddy Senior Care
Elderplan
Empire Blue Cross Blue Shield
Empire Justice Center
Health Plan Association
HealthFirst
Home Care Association of New York State
LeadingAge New York
Manatt
Medicaid Matters New York
MJHS
New York State Department of Health
PACE CNY
RiverSpring
VillageCare
VNS NY

Questions and Answers

General questions

1. What improvements have been made to the Community Health Assessment (CHA) to make it easier to complete or administer an assessment?
    a. Multiple CHA training courses and a reference manual are available within the Uniform Assessment System for New York (UAS-NY).
    b. It is expected that comprehensive assessments will have few missing values regardless of member functional status.
2. Current CHA items are not an accurate reflection of a person's cognitive impairment.
    a. Course 3500 "Assessing Cognitive Function" in the UAS-NY training environment specifically addresses accurate assessment of cognitive function using the CHA instrument.
3. Will the 2016 MLTC Quality Incentive tiers and the award percentages stay the same as last year?
    a. Yes.
4. Can the risk-adjusted model information be released with the feedback document prior to the release of the final MLTC report?
    a. No. When the data is considered final and the MLTC report has been publically released, the risk-adjusted model information will be released.
5. Is a modified assessment instrument for nursing home residents being developed?
    a. A nursing home assessment instrument is under consideration and may be implemented when resources are available.

Satisfaction Survey

6. What changes have been made to the upcoming 2017 satisfaction survey?
    a. Minor changes to the coming MLTC satisfaction survey instrument were made to clarify that "appointing someone to make decisions for you if you are unable to do so" is about advance directives.
7. When will the next satisfaction survey be administered?
    a. The survey is expected to be mailed in February 2017.
8. Will the DOH survey be conducted at the same time as other surveys (e.g.: CMS CAHPS)? MAP and PACE will be surveyed in April 2017.
    a. This will be taken into consideration.
9. When will the 2017 MLTC satisfaction survey data be released?
    a. After the survey closes, the data will be processed next summer, and results released with the 2017 MLTC Report in early 2018.

Measure specific questions

Incomplete assessments

10. Will the results of the new compliance measure (incomplete assessments) account for members that are difficult to reach or locate?
    a. There are circumstances that may result in late assessments, therefore the rate of incomplete assessments is not expected to be 0.
11. What is the threshold for statements of deficiency (SOD) for the new compliance measure (incomplete assessments)?
    a. At the time of this meeting the threshold for SODs was still being determined.
    b. SODs were issued on 12/8, the statewide rate was 5.04, and the threshold was set at 10.
12. If a plan receives an SOD, when will the letter be sent and will it contain the plan and state rates?
    a. See preceding response.
    b. The letters contained the statewide rate and the specific plan's rate.

Falls

13. The "No falls requiring medical intervention" measure unfairly penalizes PACE plans. Consider replacing it with a measure of falls that resulted in a ER visit or falls that resulted in injury.
    a. The CHA does not capture injuries due to falls.
    b. See response below regarding ER use related to falls.
    c. No falls requiring medical intervention will remain in use.
14. There are ER visits due to falls and hospitalization due to falls questions on the CHA. Can these be considered in place of the falls with medical intervention question?
    a. The CHA captures ER use for injuries due to fall or accident at home, and hospital admission for injuries due to fall or accident at home. These questions are not limited to injury related to falls, but include injuries due to other accidents at home as well.
    b. In the July through December 2015 CHA data
        i. There are no reported ER visits for injuries due to fall or accident at home.
        ii. ER use or hospitalization for injury does not always lineup with falls resulting in medical intervention.

Falls resulting in medical intervention	ER use in the last 90 days, due to injury caused by fall or accident at home	Percent
Missing	Missing	0.03
Missing	No	1.81
None	Missing	0.22
None	No	91.44
One	Missing	0.02
One	No	5.72
Two to five	Missing	0
Two to five	No	0.71
More than five	No	0.05

Falls resulting in medical intervention	Hospitalization in the last 90 days, due to injury caused by fall or accident at home	Percent
Missing	No	1.83
Missing	Yes	0.01
None	No	91.28
None	Yes	0.38
One	No	4.52
One	Yes	1.22
Two to five	No	0.56
Two to five	Yes	0.15
More than five	No	0.04
More than five	Yes	0.01

iii. The statewide rate of no hospitalization for injuries due to fall or accident at home is 98, with plan percentiles as follows (note "higher is better"). There is little variability in the plan rates and little room for improvement.

Minimum	10th	25th	50th	75th	90th	Maximum
93.8	96.6	97.3	98.1	98.8	99.4	100

15. Does the risk adjustment data for the "No falls" measure come from the same assessment?
    a. No. Data used to adjust the "No Falls" measure in the 2016 January through June evaluation period comes from a CHA assessment in the 2015 January through June evaluation period.
16. To what extent is the fall prevention initiative being implemented in the MLTC program?
    a. MLTC plans may have fall prevention initiatives in place, however we do not have that information.
    b. DOH OQPS has hired a staff person, Mary Tomaski-Smith, to focus on MLTC quality improvement and evaluate MLTC plan Performance Improvement Projects. Based on quality measure results, Mary will be reaching out to plans to discuss QI issues, best practices, and opportunities for improvement; as well as sharing best practices and related areas of interest with MLTC plans in periodic newsletters.

Over-time

17. Last year the average number of months between assessments for over-time measures was evaluated to determine whether plan average number of months between assessments impacted rates of stability or improvement. Was this evaluation conducted for the 2016 over-time measures?
    a. Yes. This evaluation was conducted for the 2016 over-time measures and results were very similar to the 2015 results. The rate of stability or improvement decreases as the number of assessments increases, however the decline was similar across plans and there was very little difference among plans in the average number of months between assessments. We plan to monitor the results of this evaluation yearly when over-time measures are calculated.

Potentially Avoidable Hospitalization (PAH)

18. Will a member be included in the PAH measure if they do not have an assessment prior to their hospitalization?
    a. No. Members are excluded from the PAH measure if there was not an assessment with the same plan prior to their hospitalization.
19. Will sepsis be removed from the PAH measure?
    a. No. Sepsis will not be removed from the list of potentially avoidable hospitalizations.
20. Some plans have contested hospital sepsis diagnoses and many of these diagnoses have been overturned. However, hospitals are not required to resubmit SPARCS data with the updated diagnosis code. Is this limitation of SPARCS data considered in the PAH measure?
    a. Hospitals currently have the ability to resubmit SPARCS records that have been updated. MLTC plans should work with hospitals to ensure hospitals resubmit SPARCS records if there has been a change in diagnosis for a given record.
21. How do plans obtain hospitalization information from the SHIN-NY/RHIO?
    a. If your plan needs this information, please contact us at nysqarr@health.ny.gov.
22. Is acute heart failure included as a diagnosis in the PAH measure?
    a. Yes. Acute systolic heart failure (ICD-10-CM 150.21) is included in the list of potentially avoidable hospitalizations.
    b. All ICD-10-CM codes that are considered a potentially avoidable hospitalization are listed in the 2016 MLTC Potentially Avoidable Hospitalizations Methodology document that was sent to MLTC plans with the preliminary results for feedback on November 9, 2016.
23. The PAH measure may be impacted by plan differences in prevalence of chronic conditions such as CHF.
    a. The PAH model adjusts for diagnosis of CHF prior to hospitalization and other case mix factors.
24. Do you use registry data to adjust for CHF or chronic conditions?
    a. No. CHA data is used for adjustment.

Potentially Preventable Readmission (PPR)

25. Why is the PPR statewide rate presented so much lower than the CMS readmission rate of 17?
    a. The statewide PPR rate of 11.4 presented was the rate of readmissions that were considered potentially preventable. The statewide rate presented is lower than the CMS readmission rate of 17 because potentially preventable readmissions are a subset of all readmissions. The statewide MLTC readmission rate for all readmissions within 30 days of a hospitalization is 18.9.
26. Comment: Readmission rates were removed from national PACE measures because they were deemed unreliable.
    a. For the reasons presented in the workgroup slides, PPR will not be used.

PIP completion

27. What criteria will be considered for the potential PIP compliance measure?
    a. This measure has not yet been defined. Measurable criteria related to expected project outputs will define satisfactory or unsatisfactory completion of a PIP.
    b. This measure may be considered for inclusion in the 2018 Quality Incentive.