NEW YORK STATE | Department of Health | Medicaid Redesign Team

Managed Long Term Care (MLTC) Clinical Advisory Group Meeting

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June 7, 2018

Welcome and Introductions

Welcome and Introductions

- Welcome to the 7th Meeting of the MLTC Clinical Advisory Group (CAG)!
  - Our last meeting was August 17, 2017 when we reviewed the final recommended VBP quality measure categorizations and began to discuss VBP approaches for the fully capitated MLTC product lines and Level 2 for partially capitated plans
  - The presentation from that meeting as well as the final measure list for MY 2018 MLTC are available at the Department of Health's VBP Resource Library at the following link: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/

- As a result of the your feedback, a sub-team was empaneled to discuss VBP for fully capitated product lines. The sub-team met twice on November 6th and November 9th.

- As always, we greatly appreciate your participation in the MLTC CAG and welcome any newcomers to the group!

Meeting Purpose and Agenda

Purpose: To provide a status update on MLTC progress in VBP to date and to solicit feedback on the strategies for partial plans in VBP Level 2 and for Skilled Nursing Facilities (SNFs)

Agenda

- Welcome and Introductions
- Progress Review for 2018
- MLTC Fully Capitated Plans Update
- 2018 MLTC Quality Measures
- Looking Ahead to 2019
  - MLTC VBP Measure Preview for MY 2019
  - Level 2 for MLTC Partial plans
  - Skilled Nursing Facilities (SNFs) and VBP

MLTC Discussions and Sub-Team meetings

Convened Sub-team meetings since August 2017 CAG meeting

October 2017 – February 2018

- **VBP Bootcamps**
  - MLTC sessions presented by DLTC

November 2017

- **MLTC CAG Sub-Workgroup** (for MLTC Integrated Plans
  - The MLTC CAG Sub-Team met twice (11/6 and 11/9) to discuss the unique design and quality measures for MAP, FIDA, and PACE.

November – December 2017

- **Measure Feasibility Review**
  - DLTC & OQPS met with large MAP, FIDA, and PACE plans to discuss measure feasibility and consulted with the National PACE Association to verify the CMS measure development timeline for PACE measures.

January 2018

- **Sub-Team Measure Review Period**
  - Proposed measures disseminated for Sub-Team review, which concluded on 1/19.

January 2018

- **VBP Workgroup Webinar**
- **Approval of measures and approach for full Cap products**

February 2018

- **MLTC Level 2 Stakeholders Meeting**
  - Discussion of initial proposed Level 2 Strategy for Partially Capitated Plans

May 2018

- **MLTC Level 2 Stakeholders Meeting**
  - Discussion of updated proposed Level 2 Strategy for Partially Capitated Plans

May 2018

- **VBP Workgroup Meeting**
- **Approval of Level 2 Approach for Partial Cap products**

Progress Review for 2018

Progress Review for 2018

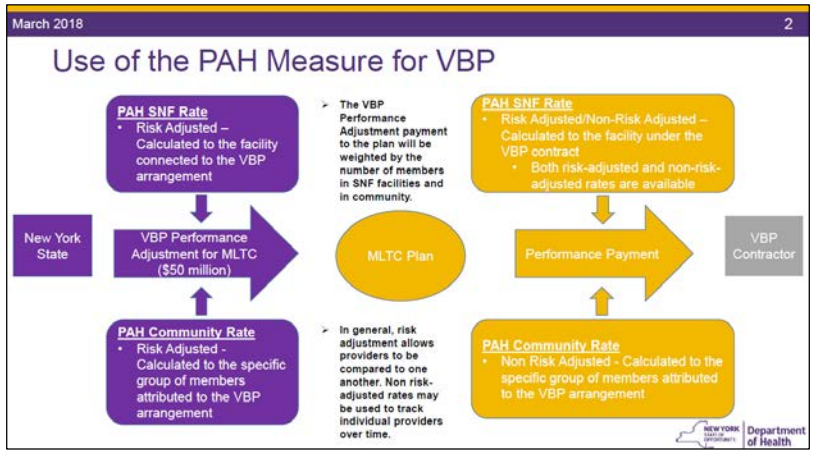
MLTC Partially Capitated Plans

- Targeted guidance for Level 1
- Partially capitated plan VBP Contract Submission Guidance
- MLTC Level 1 VBP arrangement readiness survey
- Individual plan CEO outreach
- FAQ document on VBP partially capitated plans
- VBP contracting compliance survey
- Quality measure data reporting timeline document
- MY 2018 measure sets for partial capitated plans
- Ongoing development of Level 2 strategy for partially capitated MLTC plans

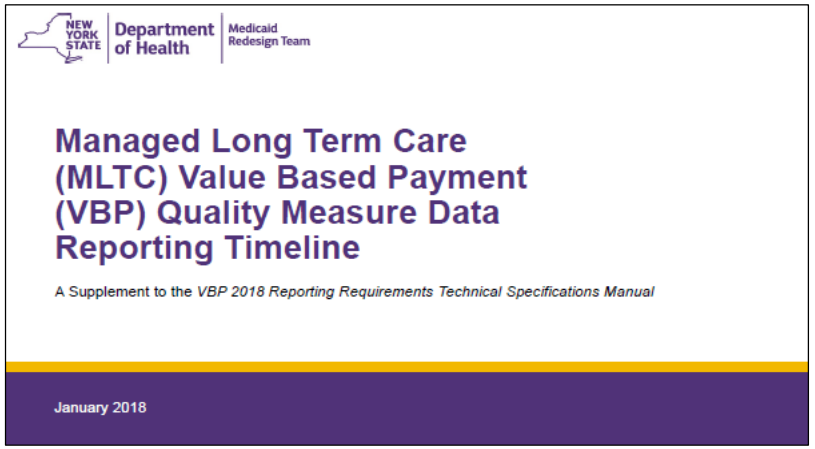
MLTC Fully Capitated Plans

- Released VBP Guidance Documents for Fully Capitated Plans – Medicaid Advantage Plus (MAP) Plans, Fully Integrated Duals Advantage (FIDA) Plans, and Program of All–Inclusive Care for the Elderly (PACE)
- PACE language update in the VBP Roadmap
- FAQ document on MAP, FIDA, and PACE

Document Support – 2018 Quality Measure Set



Use of the PAH Measure for VBP Schematic



Managed Long Term Care (MLTC) Value Based Payment (VBP) Quality Measure Data Reporting Timeline

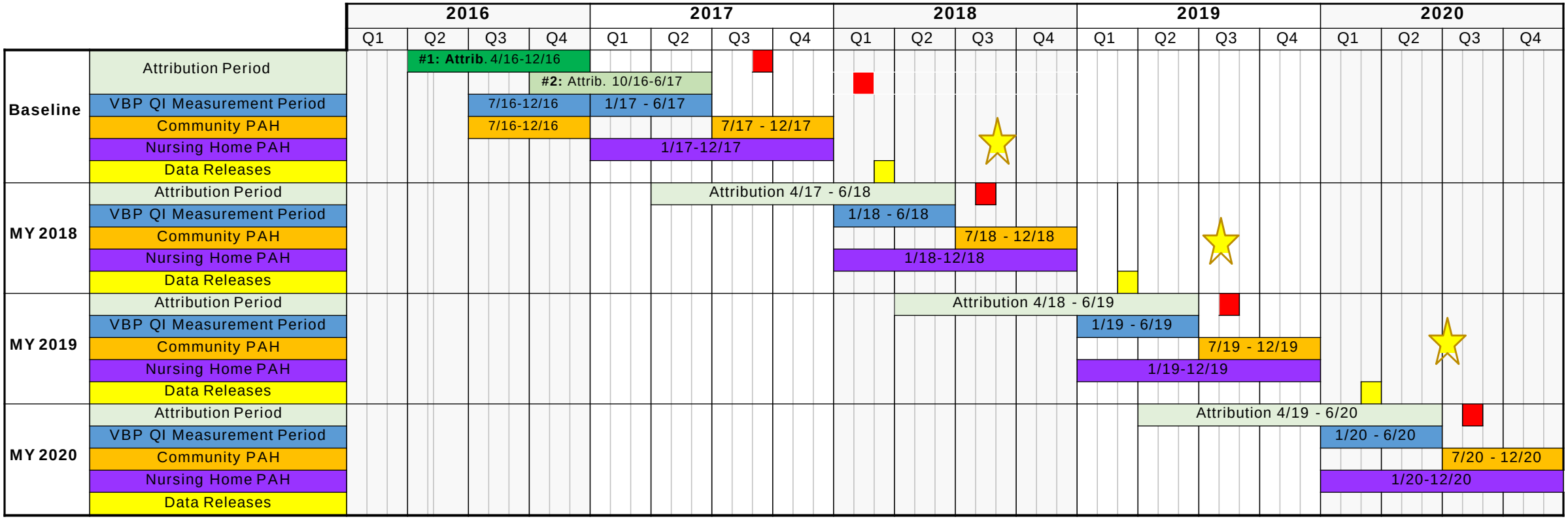
A Supplement to the VBP 2018 Reporting Requirements Technical Specifications Manual

VBP relies on the use of quality measures to ensure high quality care is provided to members. For MLTC plans and VBP Contractors, the Potentially Avoidable Hospitalization (PAH) measures help to assess whether a reduction in potentially avoidable hospital admissions among attributed members in VBP arrangements has occurred. The information depicted in the schematic explains how the PAH measures will be used in VBP.

The document – *VBP 2018 Reporting Requirements Technical Specifications Manual* – incorporates MLTC and provides quality measure reporting and data file format requirements including the attribution methodology

Timeline on next slide

MLTC VBP Quality Measure Data Reporting Timeline



Legend

- Attribution file due to DOH
- Preliminary Community Potentially Avoidable Hospitalizations (PAH) data released
- Final VBP Quality Incentive (QI) and PAH data released

Roadmap Level Targets and Penalties for MLTC Partials

2018

If by 4/1/2018 less than **10%** dollars of total MLTC plan expenditures are **Level 1** or higher, a penalty of a **minimum of 2.0%*** on the marginal difference between 10% target for Level 1 and the total actual expenditures in Level 1 will be assessed

2019

If by 4/1/2019 less than **50%** of total MLTC plan expenditures are in **Level 1** or higher, a penalty **of a minimum of 2.0%** on the marginal difference between 50% target for Level 1 and the total actual expenditure on Level 1 will be assessed

If by 4/1/2019 less than **5%** of total MLTC plan expenditures are in **Level 2** or higher, a penalty of **a minimum of 2.0%** on the marginal difference between 5% target for Level 2 and the total actual expenditure on Level 2 will be assessed

2020

Level 1 target is 80%

Level 2 target is 15%

*As part of the fiscal year 2018-19 enacted budget penalties are increasing to a minimum of 2%

Roadmap Level Targets and Penalties for MLTC Full Cap

2018

If by 4/1/2018 less than **10%** dollars of total MLTC plan expenditures are **Level 1** or higher, a penalty of a **minimum of 2.0%*** on the marginal difference between 10% target for Level 1 and the total actual expenditures in Level 1 will be assessed

2019

If by 4/1/2019 less than **50%** of total MLTC plan expenditures are in **Level 1** or higher, a penalty **of a minimum of 2.0%*** on the marginal difference between 50% target for Level 1 and the total actual expenditure on Level 1 will be assessed

If by 4/1/2019 less than **15%** of total MLTC plan expenditures are in **Level 2** or higher, a penalty of **a minimum of 2.0%** on the marginal difference between 5% target for Level 2 and the total actual expenditure on Level 2 will be assessed

2020

Level 1 target is 80%

Level 2 target is 35%

*As part of the fiscal year 2018-19 enacted budget penalties are increasing to a minimum of 2%

MLTC Fully Capitated Plans – VBP Design

Guiding Principles of Design

- MAP, FIDA, and PACE offer fully integrated care for MLTC members:
  - Care can be coordinated across the full spectrum of MLTC benefits including acute, primary, and long-term care
  - Savings from avoidance of hospitalization and improved preventive and primary care can benefit contractual partners in VBP arrangements
  - Quality measures recommended for VBP for MAP, FIDA, and PACE are aligned with quality measurement efforts in other VBP arrangements that include primary and acute care services
- The VBP Roadmap concepts for MLTC can be “proved” in MAP and FIDA
- VBP Roadmap concepts have been adapted for PACE

VBP Design for MAP and FIDA

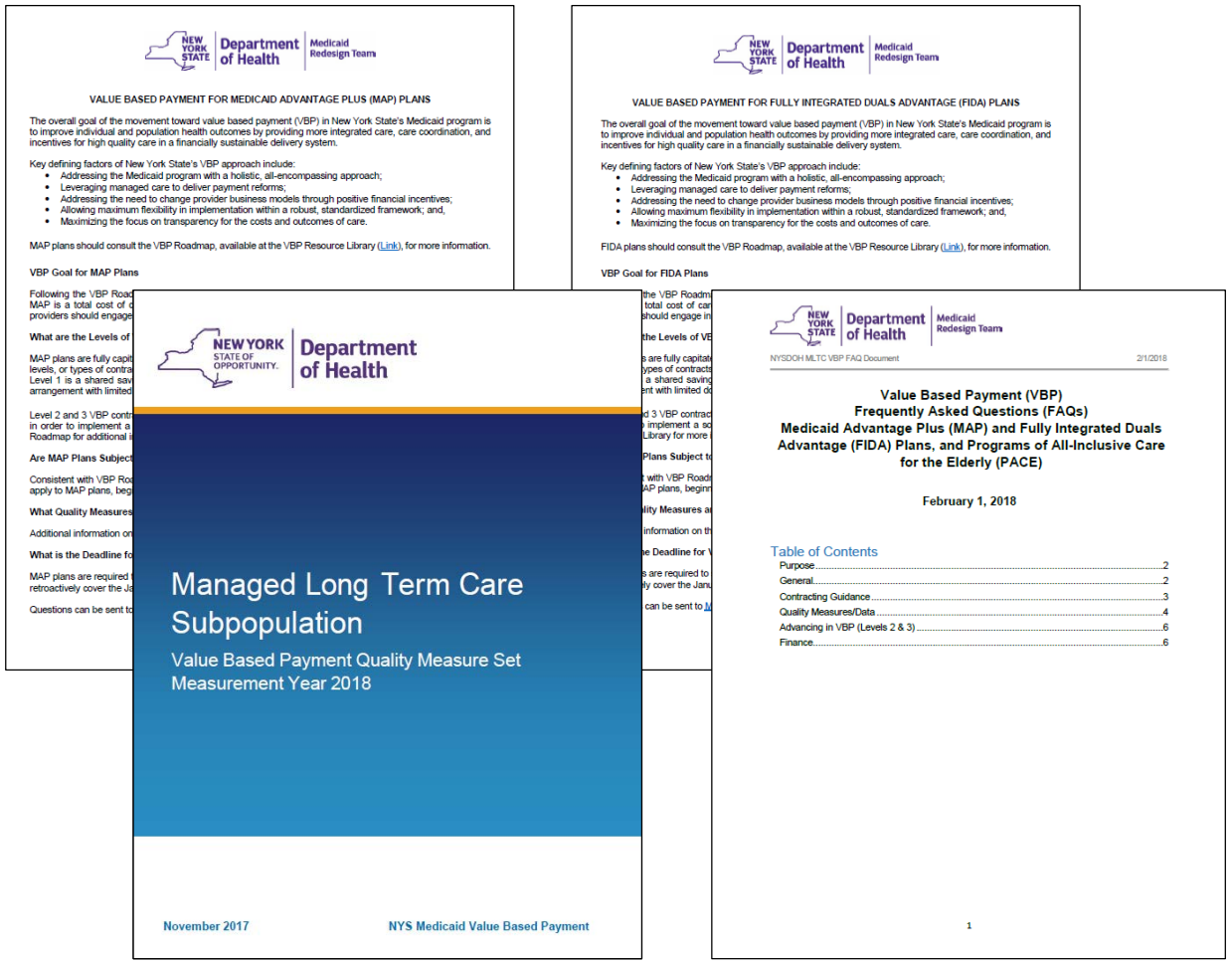
- MAP and FIDA VBP arrangements comport to the current descriptions in the VBP Roadmap
  - Total cost and care for subpopulation arrangements to include all services provided to the member
  - Levels 1, 2, and 3 equivalent to mainstream managed care arrangements (e.g., shared savings, shared savings/losses, and prospective global capitation)
- VBP quality measures align with Integrated Primary Care (IPC) and Total Care for the General Population (TCGP) and measures currently in use by CMS for Medicare Advantage and FIDA plans and the existing VBP measure set for partially capitated MLTC plans

VBP Design for PACE

- PACE provides a comprehensive range of services for participants, serving as plan and provider, employing care providers in its primarily center-based model and receiving a global capitation payment at full risk
- To reflect the differences in the PACE model the VBP approach is as follows:
  - Global capitation payments from NYS to PACE qualify as a Level 3 VBP with the addition of a social determinants of health (SDH) intervention with a community based organization (CBO)
  - PACE can pursue VBP Roadmap Levels 1, 2, or 3 with independent providers under contract
  - New language has been submitted to CMS for PACE
- VBP quality measures for PACE derive from the CMS quality measurement framework for PACE and align with the existing VBP measure set for partially capitated MLTC plans

MLTC Fully Capitated Plans

- In January 2018, the DLTC released the **MLTC VBP Guidance Documents for Fully Capitated Plans**
  - The guidance documents below aimed to support the understanding of VBP implementation for Medicaid Advantage Plus (MAP) Plans, Fully Integrated Duals Advantage (FIDA) Plans, and Program of All–Inclusive Care for the Elderly (PACE)
- In February 2018, the DLTC released the **VBP FAQs – MAP, FIDA, and PACE** document designed to address questions related to the implementation of VBP within MAP, FIDA and PACE
  - Questions and answers will be updated or added to the document on a periodic basis to continue to address related stakeholder questions



Note: Link to the respective documents are embedded in document picture

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2018 MLTC Quality Measures

- The following Quality Measure Sets, published in February 2018, provide the listing of measures for the 2018 VBP contracting year including all Category 1 and Category 2 measures
- **Update** – The 2018 Quality Measure Sets will be updated and re-posted to the website in June
    - Updated 2018 measure sets remove the falls measure as it is under development

Note: Link to the respective documents are embedded in document picture

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2018 MLTC Partial Cap Measure Set

2018 MLTC VBP Quality Measure Set Changes

- **Update** – The 2018 Quality Measure Sets will be updated in June
- Specifically, the following updates have been confirmed and communicated:
  - Removal of the Category 1 *Percentage of members who did not have falls resulting in medical intervention in the last 90 days** measure

2018 MLTC Partial VBP Quality Measure Set – Category 1 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/New York State+	P4P
~~Percentage of members who did not have falls resulting in medical intervention in the last 90 days*~~	~~UAS – NY/New York State~~	~~P4P~~
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/New York State	P4P
Percentage of members who did not experience uncontrolled pain*	UAS – NY/New York State	P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/New York State	P4P
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	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection‡	MDS 3.0§/New York State with linkage to SPARCS Data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set

+ UAS – NY denotes the Uniform Assessment System for New York for MLTC members

^ SPARCS denotes the Statewide Planning and Research Cooperative System

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2018 MLTC Partial VBP Quality Measure Set – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Percent of long stay high risk residents with pressure ulcers‡	MDS 3.0+/CMS	P4P
Percent of long stay residents who received the pneumococcal vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents who received the seasonal influenza vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents experiencing one or more falls with major injury‡	MDS 3.0/CMS	P4P
Percent of long stay residents who lose too much weight‡	MDS 3.0/CMS	P4P
Percent of long stay residents with a urinary tract infection‡	MDS 3.0/CMS	P4P
Care for Older Adults – Medication Review	NCQA§	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder‡	MDS 3.0/CMS	P4P
Percent of long stay residents whose need for help with daily activities has increased‡	MDS 3.0/CMS	P4P
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	P4R

§ NCQA denotes the National Committee for Quality Assurance
* Included in the NYS DOH MLTC Quality Incentive measure set
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

2018 MLTC Partial VBP Quality Measure Set – Category 2 Measures

Measures	Measure Source/ Steward	Classification
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	P4R
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	P4R
Percent of long stay residents who have depressive symptoms‡	MDS 3.0/CMS	P4P
Percent of long stay residents with dementia who received an antipsychotic medication‡	MDS 3.0/Pharmacy Quality Alliance	P4P
Percent of long stay residents who self– report moderate to severe pain‡	MDS 3.0/CMS	P4P

§ NCQA denotes the National Committee for Quality Assurance
* Included in the NYS DOH MLTC Quality Incentive measure set
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set

2018 MLTC Fully Capitated Plans Measure Set – MAP and FIDA

2018 MLTC MAP and FIDA – Primary and Preventative Care Measures

Measures	Measure Source/ Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed*	NCQA/ HEDIS	NQF 0055	P4R
Comprehensive Diabetes Care: Medical Attention for Nephropathy*	NCQA/ HEDIS	NQF 0062	P4R
Colorectal Cancer Screening*	NCQA/ HEDIS	NQF 0034	P4R
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment*	NCQA/ HEDIS	NQF 0105	P4R
Follow-up After Hospitalization for Mental Illness^	NCQA/ HEDIS	NQF 0576	P4R
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*	NCQA/ HEDIS	NQF 0004	P4R

* Included in the IPC/TCGP measure set

^ Included in the Health and Recovery Plan (HARP) measure set

Acronyms: NCQA denotes the National Committee for Quality Assurance; HEDIS denotes the Healthcare Effectiveness Data and Information Set; NQF denotes National Quality Forum

2018 MLTC MAP, FIDA, and PACE – Category 1 Measures

Measures	Measure Source/ Steward	Classification
Percentage of members who did not have an emergency room visit in the last 90 days*	UAS – NY/ New York State	P4P
~~Percentage of members who did not have falls resulting in medical intervention in the last 90 days*~~	~~UAS – NY/ New York State~~	~~P4P~~
Percentage of members who received an influenza vaccination in the last year*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in pain intensity*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in urinary continence*	UAS – NY/ New York State	P4P
Percentage of members who remained stable or demonstrated improvement in shortness of breath*	UAS – NY/ New York State	P4P
Percentage of members who did not experience uncontrolled pain*	UAS – NY/ New York State	P4P
Percentage of members who were not lonely and not distressed*	UAS – NY/ New York State	P4P
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	P4P
Potentially Avoidable Hospitalizations (PAH) for a primary diagnosis of heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection‡	MDS 3.0/ New York State with linkage to SPARCS data	P4P

* Included in the NYS DOH MLTC Quality Incentive measure set
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Acronyms: UAS – NY denotes the Uniform Assessment System for New York for MLTC members; SPARCS denotes the Statewide Planning and Research Cooperative System; MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members

2018 MLTC MAP, FIDA, and PACE – Category 2 Measures

Measures	Measure Source/ Steward	Classification
Percent of long stay high risk residents with pressure ulcers‡	MDS 3.0/CMS	P4P
Percent of long stay residents who received the pneumococcal vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents who received the seasonal influenza vaccine‡	MDS 3.0/CMS	P4P
Percent of long stay residents experiencing one or more falls with major injury‡	MDS 3.0/CMS	P4P
Percent of long stay residents who lose too much weight‡	MDS 3.0/CMS	P4P
Percent of long stay residents with a urinary tract infection‡	MDS 3.0/CMS	P4P
Care for Older Adults – Medication Review	NCQA	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder‡	MDS 3.0/CMS	P4P
Percent of long stay residents whose need for help with daily activities has increased‡	MDS 3.0/CMS	P4P
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	P4R

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2018 MLTC MAP, FIDA, and PACE – Category 2 Measures

Measures	Measure Source/ Steward	Classification
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	P4R
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	P4R
Percent of long stay residents who have depressive symptoms‡	MDS 3.0/CMS	P4P
Percent of long stay residents with dementia who received an antipsychotic medication‡	MDS 3.0/Pharmacy Quality Alliance	P4P
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2018 MLTC Fully Capitated Plans Measure Set – PACE

2018 PACE – Quality Measures Specific to PACE

Measures	Measure Source/ Steward	Measure Identifier	Classification
Percentage of PACE Participants with an Advance Directive or Surrogate Decision Maker Documented in the Medical Record AND Percentage of PACE Participants with Annual Review of their Advance Directive or Surrogate Decision Maker Document	CMS	--	P4R
Percent of Participants Not in Nursing Homes	CMS	--	P4R
PACE Participant Emergency Department Use Without Hospitalization	CMS	--	P4R

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Percent of long stay residents who lose too much weight‡	MDS 3.0/CMS	P4P
Percent of long stay residents with a urinary tract infection‡	MDS 3.0/CMS	P4P
Care for Older Adults – Medication Review	NCQA	P4R
Use of High–Risk Medications in the Elderly	NCQA	P4R
Percent of long stay low risk residents who lose control of their bowel or bladder‡	MDS 3.0/CMS	P4P
Percent of long stay residents whose need for help with daily activities has increased‡	MDS 3.0/CMS	P4P
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2018 MLTC MAP, FIDA, and PACE – Category 2 Measures

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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	P4R
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MLTC VBP Quality Measure Reporting for Full Cap Plans

- **For all new measures specific to MAP, FIDA, and PACE that require Medicare data or follow CMS measure development for PACE**
  - Category 1 – P4R measures must be reported to the State on an annual basis
  - For MAP and FIDA, plans will report measures for Plan/Provider-VBP Contractor attribution combinations
  - For PACE, PACE organizations will report measures for the PACE

  The instructions for reporting will be added to the *2018 Value Based Payment Reporting Requirements Technical Specifications Manual*

- **For all measures recommended for P4P use for VBP purposes for MAP, FIDA, and PACE (see slide 25)**
  - Category 1 VBP measures selected by MAP, FIDA, and PACE plans and Providers/VBP Contractors from the MLTC VBP Quality Measure set will be calculated by the State for Plan/Provider-VBP Contractor combinations submitted to the State in the plan-submitted attribution file
  - The Nursing Home PAH measure will be calculated annually at a facility level
  - All Category 2 MLTC VBP measures may be used at the discretion of the contractual parties
  - At least one measure must be used as a P4P measure

Looking Ahead to 2019

2019 MLTC VBP Quality Measure Set Changes Preview

- **Fall measure -** Removed from Category 1 for MY 2018 *Percentage of members who did not have falls resulting in medical intervention in the last 90 days** measure
  - Measure status – under review
    - Preliminary data look encouraging but final analysis with a larger sample size will be completed later in the year
  - Measure was selected by the CAG for MY 2018 to reflect the importance of falls prevention in maintaining member functioning and independence
  - For MY 2019, if the data support it, does the CAG recommend adding the new falls measure to the VBP measure set?
- Other measure set changes may be needed because of the SNF benefit change in the fiscal year 2018-19 budget
- The CAG will be reconvened in August to complete its final measure set review for MY 2019

Discussion of Possible VBP Approaches for SNFs

- Budget Action Impact
  - MLTC will cover 3 months of care from permanent placement determination
    - Potential savings from avoiding long-term permanent nursing home admission are no longer available to VBP Contractors
    - MLTC plans and providers have the opportunity to influence outcomes of care for an interim period of three months
- VBP Opportunities for SNFs
  - SNFs can continue to reduce PAH rates but would be responsible for a shorter portion of the yearly measurement cycle
  - Plans are unlikely to want to pay for bonuses for avoidable admissions outside of the timeline for which they are financially responsible
    - Can payments be prorated to cover part-year?
    - Is there sufficient opportunity to improve outcomes?
      - On the PAH measure or others?
    - Are there other possible approaches?

Recommended Approach for MLTC Partial Cap Level 2

Flat Percentage Upside/Downside Quality Incentive Payments

Require providers (e.g., Licensed Home Care Services Agency, or LHCSA, or Certified Home Health Agency, or CHHA) to adopt a minimum percentage downside risk of 1% of total expenditure with the contractual provider

- Plans and providers would still maintain flexibility to negotiate higher risk/shared savings
- Percentage minimum should not create a significant cost burden for plans and should neither induce them to prefer to incur penalties nor place undue pressure on LHCSAs or CHHAs to unduly reduce hours of care
- Not a target budget, incentive payment based on quality performance only

Flat Percentage Scenario: $20 Million LHCSA

Scenario: $20 million LHCSA enters into a Level 2 P4P arrangement with an MLTC partial plan

- LHCSA would get a 1% bonus or a 1% withhold, depending on how they perform on quality measures for VBP established in the contract including the PAH measure and at least one additional MLTC CAG-recommended VBP long-term care quality measure from the MLTC QI
  - If the LHCSA performs **poorly** against established quality targets, a $200,000 withhold is subtracted from their payment in subsequent year/s
  - If the LHCSA performs **well** against established targets, a $200,000 bonus payment is added to their payment in subsequent year/s

- For the MLTC plan, the entire $20 million contract expenditure counts as Level 2
  - For example, the 5% target for a plan with $500 million in expenditures is $25 million

Level 2 Quality Measures for Partial Cap Plans and Providers

- Level 2 for partially capitated plans and providers will continue to require the use of the PAH community measure
  - In addition to the community PAH, on additional measure recommended for P4P use is required in VBP contracts
  - As with Level 1, Category 2 measures may also be used at the discretion of the contracting parties

- Measure results for the community PAH and the other Category 1 measures recommended for VBP for partially capitated plans and providers will be calculated for plan/provider attribution combinations submitted to DOH
  - Please note that it is incumbent on the plans to share performance data with providers – VBP relationships are built through informed data-driven operations between plans and providers

Next Steps and Closing Remarks

- **Key Milestones**
  - August 2018 –
    - Convene the CAG for final MY 2019 measure review
    - Present MY 2019 measure sets to VBP Workgroup
  - October 2018 – MY 2019 Measures Released
  - October 2018 – MLTC Measure Reporting Guidance Released

- Questions and Comments
  - As always, questions and comments may be directed to **mltcvbp@health.ny.gov**

- Many thanks for participating in the MLTC CAG!