NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Measure Review Request:
Programs of All-Inclusive Care for the Elderly (PACE)

New York State is considering the quality measures in Table 1 for use in value based payment (VBP) for measurement year (MY) 2018 for Programs of All-Inclusive Care for the Elderly (PACE) plans. These measures would be recommended for use in contractual VBP arrangements with providers ("VBP Contractors") and be required to be reported to New York State on an annual basis. To assist the Office of Quality and Patient Safety (OQPS) in its measure feasibility determination, please review the measures in Table 1 and send any comments by **January 19, 2018** to MLTCVBP@health.ny.gov.

Please note that these measures have been selected from Streams 2 and 3 of the PACE measures currently under development with the Centers for Medicare and Medicaid Services (CMS). To reflect the developmental nature of the measures the recommended classification for these measures in the coming year would be pay-for-reporting (P4R) in order to incentivize appropriate data collection and establish measure use. Plans and VBP Contractors may select among recommended measures and opt to use measures as either P4R or as pay-for-performance (P4P) per the terms of their specific contracts.

Table 1: Proposed VBP 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

In addition to the measures listed in Table 1, the current list of recommended Category 1 and Category 2 VBP MLTC measures for partially capitated MLTC plans for MY 2018 can be used for VBP contracts for MAP and FIDA. The MLTC partially capitated Category 1 measures are considered valid and feasible for use in VBP MAP and FIDA contracts and are listed below in Table 2. Category 2 measures are also considered valid but may warrant additional implementation effort stemming from feasibility issues. The list of Category 2 measures for partially capitated MLTC plans can be located in the VBP Quality Measure folder in the VBP Resource Library (Link). Nearly all of the recommended VBP measures for partially capitated MLTC plans have been selected from the MLTC Quality Incentive and the Nursing Home Quality Initiative measure sets, and are not subject to public comment at this time.

Table 2: Category 1 VBP Quality Measures for Partially Capitated MLTC Plans

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

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* Included in the NYS DOH MLTC Quality Incentive measure set
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set
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