NEW YORK STATE | Department of Health | Medicaid Redesign Team

# VBP Workgroup Meeting

VBP & Quality Measurement Recommendations for Medicaid Advantage Plus (MAP), Fully Integrated Duals Advantage (FIDA) & Programs of All-Inclusive Care for the Elderly (PACE)

**January 31, 2018**

# Objectives for VBP Workgroup Review

1. Recap of Level 1 VBP for Partially Capitated MLTC Plans
2. Overview of MAP, FIDA, and PACE Managed Long Term Care (MLTC) Product Lines & Measure Categories
3. Review of VBP Arrangement and Recommended VBP Quality Measures for MAP, FIDA, and PACE
4. VBP Roadmap Update: PACE

# Section 1: Recap of Level 1 VBP for Partially Capitated MLTC Plans

# Recap of Level 1 VBP for Partially Capitated MLTC Plans

Until such time as alignment with Medicare is possible, Level 1 VBP for partially capitated MLTC plans will be a pay-for-performance (P4P) program based on the potentially avoidable hospitalization quality measure.

"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."

New York State Department of Health, *A Path toward Value Based Payment: New York State Roadmap for Medicaid Payment Reform, Annual Update June 2016: Year 2 (CMS-Approved April 2017),* p. 18.

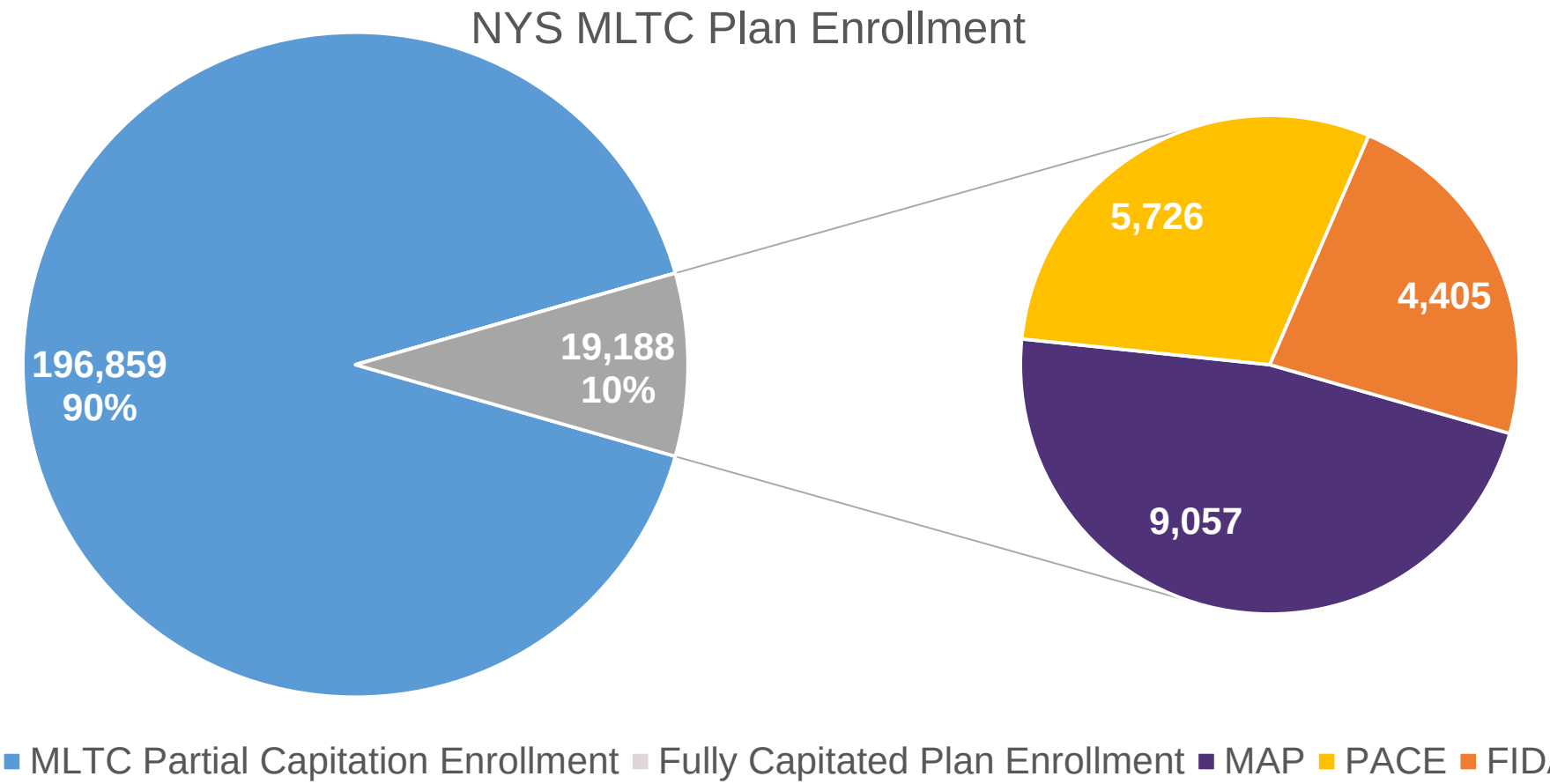
# Section 2: Overview of MAP, FIDA, and PACE MLTC Product Lines & Measure Selection Process

# Fully Medicare Integrated MLTC Product Lines – MAP, FIDA, and PACE

| | |
|---|---|
| Medicaid Advantage Plus (MAP) | • Covers managed long-term care services as well as Medicare co-payments and deductibles, and inpatient and primary care.<br>• Enrollees must be at least 18 years of age and eligible for services usually provided in a nursing home. |
| Fully Integrated Duals Advantage (FIDA) | • Comprehensive benefit package includes all Medicare physical health, behavioral health, and prescription drug services and Medicaid physical health, behavioral health, and long-term support services.<br>• Enrollees must be at least 21 years of age. |
| Program of All-Inclusive Care for the Elderly (PACE) | • PACE plan is responsible for coordinating and providing all primary, inpatient hospital, and long-term care services for members.<br>• Organizations provide health services for members age 55 and older who are eligible for nursing home admission. |

Source: New York State Department of Health, 2016 Managed Long-term Care Report, 2016, https://www.health.ny.gov/health_care/managed_care/mltc/

# MAP, FIDA, and PACE Membership is 10% of the MLTC Total




Source: NYS Department of Health, 2017 Monthly Medicaid Managed Care Enrollment, December 2017, https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/

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# MAP, FIDA, and PACE VBP Advantages

- MAP, FIDA, and PACE offer fully integrated care for MLTC members:
  - All care delivered to the member can be included in a total cost of care budget;
  - Savings from avoidance of hospitalization and improved preventive and primary care can benefit contractual partners in VBP arrangements; and,
  - Quality measures recommended for VBP for MAP, FIDA, and PACE can be 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
- PACE serves as a provider of services and a plan and is fully “at-risk” for all services under a global capitation payment, a model that closely approximates a Level 3 VBP arrangement

# Quality Measurement Development for MAP, FIDA, and PACE

## *Measurement Year 2018 Measure Development Process*

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 2017**
MLTC CAG Sub-Team

**Nov 2017 – Dec 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.

**August 2017**
Clinical Advisory Group Meeting

The MLTC CAG recommended convening Sub-team to focus on MAP, FIDA, and PACE VBP design and quality measures.

**December 2017**
Proposed Measure Lists Finalized

The MAP & FIDA measure set is aligned with existing measures for IPC/TCGP & HARP. PACE measures were selected from measures currently in development with CMS and Econometrica.

**February 2018**
Final Measure Lists Posted for MAP, FIDA, and PACE

**January 2018**
Sub-Team Measure Review Period

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

**January 31, 2018**
VBP Workgoup Webinar

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# Categorizing and Prioritizing Quality Measures for VBP


**CATEGORY 1**
Approved quality measures that are clinically relevant, reliable and valid, and feasible. These measures are recommended for use in VBP contracts.


**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.

*Measure categorization and classification 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 according to the guidance issued by the Office of Quality and Patient Safety.
- The State classified each Category 1 measure as P4P or P4R.

***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.

# Section 3: VBP Arrangement and Quality Measures for MAP, FIDA, and PACE

# MAP and FIDA VBP Arrangement

## Population Included

- Total cost of care MLTC Subpopulation Arrangement
- Includes members enrolled in MAP and FIDA plans

## Defined Services

- Inpatient Hospital Services, Laboratory Services, Mental Health & Substance Abuse, Outpatient Hospital/Clinic Services, Prescription and Non-prescription Drugs, Primary and Specialty Doctor Services, X-Ray and Other Radiology Services, Personal Emergency Response System, Podiatry (Foot care), Private Duty Nursing, Prostheses and Orthotics, Rehabilitation Therapies, Outpatient Respiratory Therapies, Social Day Care, Social/Environmental Supports (chore services or home modifications), Chronic Renal Dialysis, Emergency Transportation, Adult Day Health Care, Audiology/Hearing Aids, Care Management, Consumer Directed Personal Assistance Services, Dental Services, Home Care (Nursing, home health aide, occupational, physical and speech therapies), Home Delivered and/or Meals in a Group Setting (such as a day center), Durable Medical Equipment, Medical Supplies, Medical Social Services, Non-emergency Transportation to Receive Medically Necessary Services, Nursing Home Care, Nutrition, Optometry/Eyeglasses, Personal Care (assistance with bathing, eating, dressing, etc.)

## VBP Levels

- Equivalent to VBP Roadmap Levels 1, 2, and 3 for Mainstream Managed Care

## VBP Contractor

- Independent Practice Association (IPA), Accountable Care Organization (ACO), Provider Responsible for Total Cost of Care

# VBP Quality Measures Specific to MAP and FIDA

| Measures | Measure Source/ Steward | Measure Identifier | Classification |
|---|---|---|---|
| Comprehensive Diabetes Care: Eye Exam (Retinal) Performed* | NCQA/ HEDIS | NQF 0055 | Cat 1 P4R |
| Comprehensive Diabetes Care: Medical Attention for Nephropathy* | NCQA/ HEDIS | NQF 0062 | Cat 1 P4R |
| Colorectal Cancer Screening* | NCQA/ HEDIS | NQF 0034 | Cat 1 P4R |
| Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment* | NCQA/ HEDIS | NQF 0105 | Cat 1 P4R |
| Follow-up After Hospitalization for Mental Illness^ | NCQA/ HEDIS | NQF 0576 | Cat 1 P4R |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* | NCQA/ HEDIS | NQF 0004 | Cat 1 P4R |

* Overlaps with Integrated Primary Care (IPC)/ Total Care for the General Population (TCGP) measure sets
^ Overlaps with 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

- MAP and FIDA measures were selected from HEDIS measures currently in use by CMS for MAP and FIDA, and from the measure sets currently recommended for use by NYS in mainstream VBP arrangements
- Three measures relating to behavioral health – NQF 0105, 0576, and 0004 – are in use for FIDA only
  - Although these measures are part of HEDIS, they will be newly collected for MAP plans
- All measures will be required to be reported to NYS due to limited NYS access to Medicare data
- These measures are recommended as P4R measures until additional experience is gained

# PACE VBP Arrangement

## Population Included

- Total cost of care MLTC Subpopulation Arrangement
- Includes members enrolled in PACE plans

## Defined Services

- 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

## VBP Levels

- 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 VBP quality component and a social determinants of health intervention (SDH) with a community based organization (CBO)
  - PACE can pursue VBP Roadmap Levels 1, 2, or 3 with independent providers under contract

## VBP Contractor

- PACE
- Individual Providers with whom PACE pursues VBP Contracts

# 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 | -- | Cat 1 P4R |
| Percent of Participants Not in Nursing Homes | CMS | -- | Cat 1 P4R |
| PACE Participant Emergency Department Use Without Hospitalization | CMS | -- | Cat 1 P4R |

- PACE measures were selected from the three “streams” of measures under consideration by CMS for PACE programs
- CMS has issued detailed specifications for these measures and is nearing the end of a contract with Econometrica to complete measure development
- PACE plans are currently collecting these measures as a best practice
- Reporting will be newly required by NYS for the purposes of VBP
- Measures are recommended as P4R until additional experience is gained
- These measures will be used in the NYS VBP performance calculation for PACE and may also be used by PACE in VBP contracts with VBP providers/VBP Contractors if appropriate

# VBP Measure Use Summary for MAP, FIDA, and PACE

**For all new measures specific to MAP, FIDA, and 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

**For all measures in the VBP measure set recommended for partially capitated MLTC plans**

- MAP, FIDA, and PACE plans can select measures from the existing VBP measures for partially capitated MLTC plans
  - Category 1 VBP measures selected by MAP, FIDA, and PACE plans and Providers/VBP Contractors from the partially capitated 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 VBP measures for partially capitated plans may be used at the discretion of the contractual parties

**For all measures recommended for VBP for MAP, FIDA, and PACE**

- At least one measure must be used as a P4P measure
- Additional guidance on attribution and quality measure reporting requirements will be forthcoming

# VBP Roadmap Update:

The following language will be inserted into the VBP Roadmap as part of the 2017 Roadmap updates for CMS approval.

# Proposed Roadmap Changes: PACE Program

**Programs of All-Inclusive Care for the Elderly (PACE)**

Programs of All-Inclusive Care for the Elderly (PACE) provide comprehensive medical and social services to certain frail, community-dwelling individuals, ages 55 and older and eligible for nursing home care, most of whom are dually eligible for Medicare and Medicaid benefits. A PACE is responsible for directly providing or arranging all primary, inpatient hospital and long-term care services required by a PACE participant. An interdisciplinary team of health professionals provides PACE participants with coordinated care. For most participants, the comprehensive service package enables them to remain in the community rather than receive care in a nursing home. PACE becomes the sole source of services for Medicare and Medicaid members and receives federal approval from the federal Centers for Medicare and Medicaid Services (CMS). PACE is considered a model of managed long-term care (MLTC) in New York.

Because financing for PACE is capped, providers can deliver all services participants need and are not limited to those reimbursable under Medicare and Medicaid fee-for-service plans. This payment methodology – a global payment for all services required by members – is consistent with a Level 3 VBP arrangement whereby providers receive a prospective global payment for the total cost of care.

To fully qualify as a Level 3 VBP arrangement consistent with the NYS VBP Roadmap, the prospective payment must include a quality component. The quality component will be based on the quality measures identified and recommended by the MLTC Clinical Advisory Group (CAG) and approved by the State. The MLTC CAG will consider appropriate and feasible primary and acute care quality measures for inclusion in PACE, and ultimately, other MLTC arrangements.

The VBP Roadmap establishes requirements for Level 2 and 3 VBP risk-sharing arrangements. For example, VBP contractors that enter into Level 2 or 3 agreements must:

- Include at least one Tier 1 CBO in their agreement, and,
- Implement at least one social determinants of health intervention. The VBP Social Determinants of Health (SDH) Subcommittee developed a SDH intervention menu, which provides examples of interventions that address economic stability, education, social, family and community well-being, health care and neighborhood and environment well-being.

PACE plans should review the VBP Roadmap to become familiar with the requirements of Level 2 and 3 agreements.

Although direct care services may be provided by employees of a PACE, care may also be provided by agencies and organizations under contract with a PACE, where PACE fulfills the role of the payer. To the extent a PACE relies on contractual providers, these contracts should be considered for VBP and are subject to the same requirements as mainstream managed care plans. Individual VBP contracts between PACE and providers under contract with the PACE may be Level 1, 2, or 3 VBP arrangements, according to the preference of the contracting parties. Quality measures for use in VBP contracts with these providers will be determined by the MLTC CAG for review and approval by the State.

*Additional information on Tier 1 CBO contracting is located in the 'Contracting with Community Based Organizations' section of this document.*
*The SDH intervention menu can be found here. https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/vbp_subcommittee_info.htm*

# VBP Workgroup Next Steps

- Please submit comments and feedback related to the MLTC arrangements and PACE VBP Roadmap language to jdeem@kpmg.com by Feb. 9th.

- The next VBP Workgroup meeting is being targeted for the end of February.

# **Appendix:** VBP Measure Set for Partially Capitated MLTC Plans for MY 2018

# MLTC VBP Quality Measure Set for MY 2018 (1/2)

*Category 1*

| 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+ | Cat 1 P4P |
| Percentage of members who did not have falls resulting in medical intervention in the last 90 days* | UAS – NY/New York State | Cat 1 P4P |
| Percentage of members who received an influenza vaccination in the last year* | UAS – NY/New York State | Cat 1 P4P |
| Percentage of members who remained stable or demonstrated improvement in pain intensity* | UAS – NY/New York State | Cat 1 P4P |
| Percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score* | UAS – NY/New York State | Cat 1 P4P |
| Percentage of members who remained stable or demonstrated improvement in urinary continence* | UAS – NY/New York State | Cat 1 P4P |

* Included in the NYS DOH MLTC Quality Incentive measure set

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

# MLTC VBP Quality Measure Set for MY 2018 (2/2)

*Category 1*

| Measures | Measure Source/ Steward | Classification |
|---|---|---|
| Percentage of members who remained stable or demonstrated improvement in shortness of breath* | UAS – NY/New York State | Cat 1 P4P |
| Percentage of members who did not experience uncontrolled pain* | UAS – NY/New York State | Cat 1 P4P |
| Percentage of members who were not lonely and not distressed* | UAS – NY/New York State | Cat 1 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 | Cat 1 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 | Cat 1 P4P |

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

+ MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members

^ SPARCS denotes the Statewide Planning and Research Cooperative System

# MLTC VBP Quality Measure Set for MY 2018 (1/2)

*Category 2*

| Measures | Measure Source/Steward | Classification |
|---|---|---|
| Percent of long stay high risk residents with pressure ulcers‡ | MDS 3.0/CMS | Cat 2 P4P |
| Percent of long stay residents who received the pneumococcal vaccine‡ | MDS 3.0/CMS | Cat 2 P4P |
| Percent of long stay residents who received the seasonal influenza vaccine‡ | MDS 3.0/CMS | Cat 2 P4P |
| Percent of long stay residents experiencing one or more falls with major injury‡ | MDS 3.0/CMS | Cat 2 P4P |
| Percent of long stay residents who lose too much weight‡ | MDS 3.0/CMS | Cat 2 P4P |
| Percent of long stay residents with a urinary tract infection‡ | MDS 3.0/CMS | Cat 2 P4P |
| Care for Older Adults – Medication Review | NCQA§ | Cat 2 P4R |
| Use of High–Risk Medications in the Elderly | NCQA | Cat 2 P4R |
| Percent of long stay low risk residents who lose control of their bowel or bladder‡ | MDS 3.0/CMS | Cat 2 P4P |
| Percent of long stay residents whose need for help with daily activities has increased‡ | MDS 3.0/CMS | Cat 2 P4P |

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

# MLTC VBP Quality Measure Set for MY 2018 (2/2)

*Category 2*

| Measures | Measure Source/Steward | Classification |
|---|---|---|
| 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 | Cat 2 P4R |
| 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 | Cat 2 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 | Cat 2 P4R |
| Percent of long stay residents who have depressive symptoms‡ | MDS 3.0/CMS | Cat 2 P4P |
| Percent of long stay residents with dementia who received an antipsychotic medication‡ | MDS 3.0/Pharmacy Quality Alliance | Cat 2 P4P |
| Percent of long stay residents who self–report moderate to severe pain‡ | MDS 3.0/CMS | Cat 2 P4P |

* Included in the NYS DOH MLTC Quality Incentive measure set
+ MDS 3.0 denotes the Centers for Medicare and Medicaid Services Minimum Data Set for nursing home members
‡ Included in the NYS DOH Nursing Home Quality Initiative measure set
^ SPARCS denotes the Statewide Planning and Research Cooperative System