



Department
of Health

Managed Long-Term Care Quality Incentive Workgroup

November 7, 2019

MLTC QI Workgroup Charge

The charge of MLTC Quality Incentive Workgroup is to advise the Department of Health on using measures of quality, satisfaction, compliance, and efficiency to create a total quality score. The total quality score will be the basis for payment distribution for the MLTC Quality Incentive.

Overview

- Review 2019 MLTC Quality Incentive Methodology
- Propose 2020 MLTC Quality Incentive Methodology

Review 2019 MLTC Quality Incentive Methodology

2019 MLTC QI Methodology

➤ Changes for this year

- Resume the 1 quality measure removed for 2018
- Exclude 1 compliance measure as data is not ready
- Base points will be 98 instead of 100 due to measure exclusion

➤ Four components

Component	# Measures	Points	Point Assignment Method
Quality	10	50	percentile rank
Satisfaction	6	30	significance test
Compliance	4	8	yes/no
Efficiency	1	10	significance test

➤ Distribute

- Methodology document December 2018
- Overall summary document Early 2020
- Plan specific documents Early 2020

➤ Handling of SS and NS results unchanged

2019 MLTC QI Handling Small Sample Size

- Measures with <30 members in the denominator
 - Small Sample Size (SS)
 - Results suppressed
- Some plans did not exist at the time of the satisfaction survey
 - Not Surveyed (NS)
- Reduce base points where there are SS or NS results
- Example
 - Total possible base points = 98
 - Total possible satisfaction points = 30; $30/6 = 5$ points per measure
 - Reduced base for plans all NS satisfaction results = 68
 - Reduced base for plans with one SS satisfaction result = 93



2019 Quality Measures (1)

1. Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days
2. Risk-adjusted percentage of members who did not experience falls that resulted in major or minor injury in the last 90 days
3. Risk-adjusted percentage of members who did not experience uncontrolled pain
4. Risk-adjusted percentage of members who were not lonely or were not distressed
5. Percentage of members who received an influenza vaccination in the last year

2019 Quality Measures (2)

6. 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
7. Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity
8. Risk-adjusted percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score
9. Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence
10. Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath

2019 Satisfaction Measures (results held for two years)

1. Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent
2. Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care
3. 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
4. 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
5. Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent
6. 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

2019 Compliance Measures

1. No statement of deficiency for failure to submit Provider Network data during the measurement year 2018
2. No statement of deficiency for timeliness or completeness of MEDS III submission for measurement year 2018
3. No statement of deficiency for timeliness or completeness of MMCOR submission for measurement year 2018
4. ~~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 2018~~
5. No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period January through June 2019

2019 Efficiency Measure

1. Potentially Avoidable Hospitalizations (PAH)

- A hospitalization was considered potentially avoidable if any one of the following conditions was the primary diagnosis (based on ICD-10-CM codes).
 - Anemia
 - Electrolyte imbalance
 - Heart failure
 - Respiratory infection
 - Sepsis
 - Urinary tract infection
- Rate is the total number of PAH events divided by the total number of days members are enrolled in the MLTC plan.
- July through December 2018 SPARCS data
- April 2018 through December 2018 CHA data

2019 Efficiency Measure – Possible Delay

- The SPARCS data remediation may cause the PAH measure to be delayed

SPARCS Data Remediation

- The SPARCS [webpage](#) provides the following information (on September 23, 2019)

The SPARCS program is experiencing delays in data extract deliveries.

The SPARCS program is currently undergoing an important data processing remediation effort. As a result, data extract deliveries for previously and newly approved data requests are delayed. We are completing the work as quickly as possible and appreciate your patience. Our vendor has estimated the remediation work to be completed in December 2019. We expect to begin processing previously and newly approved data requests in December 2019.

If you have any questions about your data extract, please contact
sparcs.requests@health.ny.gov.

2019 MLTC QI Payment

- Payment related questions can be directed to
 - mltcrs@health.ny.gov

Proposed 2020 MLTC Quality Incentive Methodology

Proposed 2020 MLTC QI Methodology

➤ Similar to 2019 methodology

- Resume the compliance measure that was removed for 2019
- Add one new compliance measure

➤ Four components

Component	# Measures	Points	Point Assignment Method
Quality	10	50	percentile rank
Satisfaction	6	30	significance test
Compliance	6	10	yes/no
Efficiency	1	10	significance test

➤ Distribute

- Methodology document December 2019
- Overall summary document Early 2021
- Plan specific documents Early 2021

➤ Handling of SS and NS results unchanged

2020 MLTC QI Measures and Benchmarks

- July through December 2018 MLTC data is available on Health Data NY (<https://health.data.ny.gov/>)
- January through June 2019 MLTC data should be available on Health Data NY and eMLTC tables in early 2020
- Measures (handout)
- Benchmarks (handout)
 - Crude statewide rates
 - Plan ranges (percentiles)
 - 3 measures: 50th percentile \geq 95 and 100th percentile 100
 - Retain these 3 important measures

2020 Proposed Compliance Measure

- **Category**
 - Performance Improvement Project (PIP)
- **Measure description**
 - No Statement of Deficiency (SOD) for failure to comply with the previous year's PIP requirement deadlines.
- **Time frame**
 - Previous year (2019 SOD for 2020 Quality Incentive)
- **2019-2020 PIP deficiencies**
 - 2 late proposals
 - 5 late group call summary document
 - 4 absent from group call

Incomplete Assessments Compliance Measure

- Measure was added to the QI in 2015
- The first 5 measurement periods show a consistent decrease
- Beginning 2017, Jul-Dec shows an increase relative to prior Jan-Jun

MLTC Incomplete Assessment Statewide Rate by Year and Evaluation Period		
Year	January-June	July-December
2015	7.05	5.66
2016	5.04	4.07
2017	3.52	4.30
2018	1.69	3.63

2020 Proposed PAH Update - Why

- The decline in PAH appears related to October 2017 change in ICD coding practices for heart failure, hypertension, and chronic kidney disease
 - ICD-10-CM Official Guidelines for Coding and Reporting (<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf>)
 - American Academy of Family Physicians (<https://www.aafp.org/fpm/2014/0300/p5.html>)

PAH Rate and Diagnosis Category Proportion by Year*							
SPARCS Time Frame	PAH	Respiratory Infection	Sepsis	UTI	Electrolyte Imbalance	Heart Failure	Anemia
2014 Jul-Dec	4.09	0.15	0.33	0.16	0.08	0.26	0.03
2015 Jul-Dec	4.25	0.15	0.35	0.15	0.07	0.25	0.03
2016 Jul-Dec	3.82	0.17	0.39	0.17	0.08	0.17	0.02
2017 Jan-Jun	3.64	0.21	0.47	0.16	0.08	0.05	0.03
2017 Jul-Dec	2.50	0.17	0.52	0.18	0.08	0.03	0.03

*Note: These crude rates may be different from reported crude rates because they are not limited to records included in the risk-adjusted PAH model.

2020 Proposed PAH Update - How

- PAH six diagnosis categories are based on the 2009 CMS Nursing Home Value-Based Purchasing Demonstration (<https://innovation.cms.gov/Files/reports/NHP4P-Refinements-Report.pdf>)

- Update diagnosis codes regularly using AHRQ PQI or HCUP CCS files
 1. *Heart failure*: PQI 08 Heart Failure Admission Rate (https://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2019/TechSpecs/PQI_08_Heart_Failure_Admission_Rate.pdf)
 2. *UTI*: CCS category description “Urinary tract infections”
 3. *Anemia*: MULTI CCS LVL 2 LABEL “Anemia”
 4. *Electrolyte imbalance*: CCS category description “Fluid and electrolyte disorders”
 5. *Respiratory infection*: MULTI CCS LVL 2 LABEL “Respiratory infections”
 6. *Sepsis*: CCS category description “Septicemia (except in labor)” and “Shock” 1 code for “Severe sepsis with septic shock” (https://www.hcup-us.ahrq.gov/tools_software.jsp)

2020 Proposed PAH Update - Impact

- Increases PAH count and rate
- Proportion of six diagnosis is similar to previous time frames

Impact of ICD Code Update on PAH Rate and Diagnosis Categories, Jan to June 2017 SPARCS Data

ICD codes	PAH Count	PAH Rate	Respiratory Infection*	Sepsis*	UTI*	Electrolyte Imbalance*	Heart Failure*	Anemia*
Current	10,689	3.64	2,249 (0.21)	5,032 (0.47)	1,755 (0.16)	811 (0.08)	553 (0.05)	289 (0.03)
Proposed	14,344	4.88	2,114 (0.15)	5,161 (0.36)	1,774 (0.12)	979 (0.07)	3,782 (0.26)	534 (0.04)

* Presented as Count (Proportion of total PAH count)

Proposed 2020 MLTC QI Changes

1. New compliance measure related to PIPs
2. Incomplete assessments compliance measure: No statement of deficiency for percentage of incomplete assessments exceeding a threshold for acceptable rate for the measurement period **July through December 2019 or** January through June 2020
3. PAH update

Proposed 2020 MLTC QI Time Frames

➤ Data

- Quality Measures -January through June 2020 CHA
- Satisfaction Measures -2019 survey
- Compliance Measures -2019 MEDS III, MMCOR, Provider network
-July through December 2019 and January through June 2020 CHA
- Medicaid capitation payments
-2019 PIPs
- Efficiency Measure -April through December 2019 CHA and July through December 2019 SPARCS

➤ Releases

- Methodology document -December 2019
- Report feedback -November 2020
- Quality Incentive finalized -Early 2021

MLTC Value-Based Payment (VBP)

- VBP rates may be different from the rates used for the MLTC Quality Incentive which are also presented in the MLTC Report and on Health Data NY.

- Reasons for the difference in rates
 1. VBP rates are based on the subset of the MLTC population included in the plan submitted attribution files
 2. VBP rates are not risk-adjusted

Questions and Comments

