



**Department
of Health**

**Office for People With
Developmental Disabilities**

Intellectual and Developmental Disabilities (I/DD) Clinical Advisory Group (CAG)

September 24, 2019

Agenda

Section	Time	Presenter
I/DD CAG Member Introductions	12:05 5 minutes	Doug Fish
I/DD CAG #1 Recap	12:10 15 minutes	Jill Pettinger and Doug Fish
OPWDD Updates	12:25 5 minutes	Allison McCarthy
Benefit Design & Quality Measurement	12:30 15 minutes	Allison McCarthy
Quality Measurement Overview	12:45 20 minutes	Doug Fish and Jill Pettinger
HIT for Quality Measurement	1:05 20 minutes	Raina Josberger and Eric Harris
PAH and MLTC Experience	1:25 10 minutes	Raina Josberger
Next Steps and Discussion	1:35 25 minutes	Jill Pettinger and Doug Fish



I/DD CAG Member Introductions



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I/DD CAG #1 Recap



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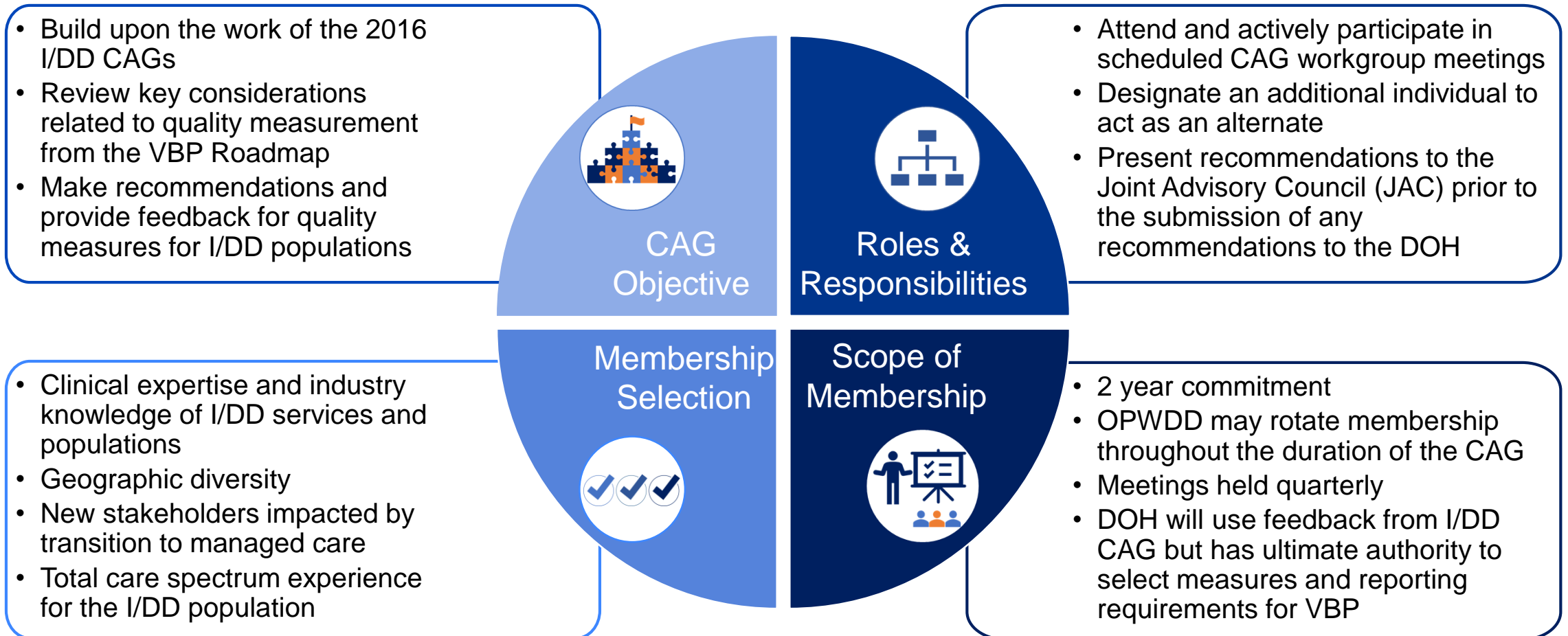
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May 2019 I/DD CAG: Key Themes and Topics

- HIT/HIE Strategy
 - Quality measurement methods may impact measure feasibility
- Providers and Support
 - Use of HIT to address requirements and mitigate burden
- Quality and Person-Centered Quality Measurement
 - Whole Person measurement: I/DD, physical, and mental health services

I/DD CAG Scope of Work for 2019 and Beyond



Initiatives Supporting Transformation



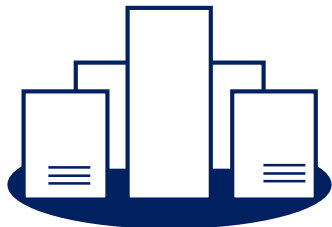
I/DD Health Homes (I/DD HH)

- Providing enhanced care coordination and management to individuals with I/DD



Community First Choice Option (CFCO) included in Mainstream Managed Care (MMC) benefit

- CFCO expands access to home and community-based attendant services and supports
- For CFCO eligible individuals, CFCO services are accessed through the State Plan instead of the 1915(c) Home and Community-Based Services (HCBS) Waiver
- Provider-led Early Adopter MMC plans may provide CFCO services, including Community Habilitation, to members



Transition individuals with I/DD and DD services into managed care

- Allow individuals with I/DD to enroll in managed care to receive DD services, including HCBS, via SIPs-PL

CFCO will be provided by SIPs-PL

The Role of Quality in VBP



- MCOs and providers select which arrangements might be appropriate for their VBP Arrangement
- MCOs and providers must report on quality measures associated with their selected arrangement(s)
- Measure sets and fact sheets for VBP Arrangements are available in the [VBP Resource Library](#)
- Quality measurement data are used to calculate shared savings/losses for providers
 - Selected quality measures should also be relevant and appropriate for the services and populations covered under the VBP Arrangement

Quality Measures for I/DD VBP Arrangements

The I/DD CAG will focus on the role of quality in a VBP Arrangement by:

- Analyzing potential data sources for I/DD quality measures;
- Identifying and reviewing existing quality measures that are appropriate for individuals with I/DD;
- Assisting in the prioritization of quality measures that can be incorporated into OPWDD's transition to managed care; and
- Giving insight into the managed care experience to identify quality measures that could be included in I/DD VBP Arrangements.

OPWDD Updates



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I/DD HH Performance/Progress Data Highlights Through June 30, 2019

CCOs exceeding
benchmark for IAM
Completion at 81%

CCOs approaching
benchmark for Life
Plan Completion at
60%

CCO enrollment continues
Almost 7,000 new enrollees, since 7/1/18
97% enrolled in HH

I/DD Health Home Performance

Performance Source	Description
Technical Assistance Reviews	<p>OPWDD/DOH conduct technical assistance reviews and designation reviews to ensure Health Homes are providing quality care</p>
Progress Reports	<p>OPWDD monitors the performance of CCO Health Homes on key <u>process</u> metrics. It is anticipated that a dashboard will be made publicly available by March 2020.</p>
Life Plan Data System (LPDS)	<p>On a periodic basis, CCOs will extract key data elements from finalized Life Plans and forward this data to OPWDD. This data will be used by OPWDD to monitor Life Plan quality, include the calculation of the I/DD specific health home measures. Data transfers are to begin December 2019. It is anticipated that baseline, Year 1, reports for all CCOs will be available in 2020. Reports will be updated annually to assess CCO progress.</p>

1915(c) Waiver October 2019 Renewal Timeline

- November 2019 Submission with approval by January 1, 2020
- 5 year extension of current agreement with minor technical updates:
 - Removal of Medicaid Service Coordination language
 - Fiscal projections, Revisions to rate setting methodologies,
 - Level of Care Eligibility Determination (LCED) Inclusion of Nurse Practitioners
 - Quality Improvement technical updates

Benefit Design & Quality Measurement



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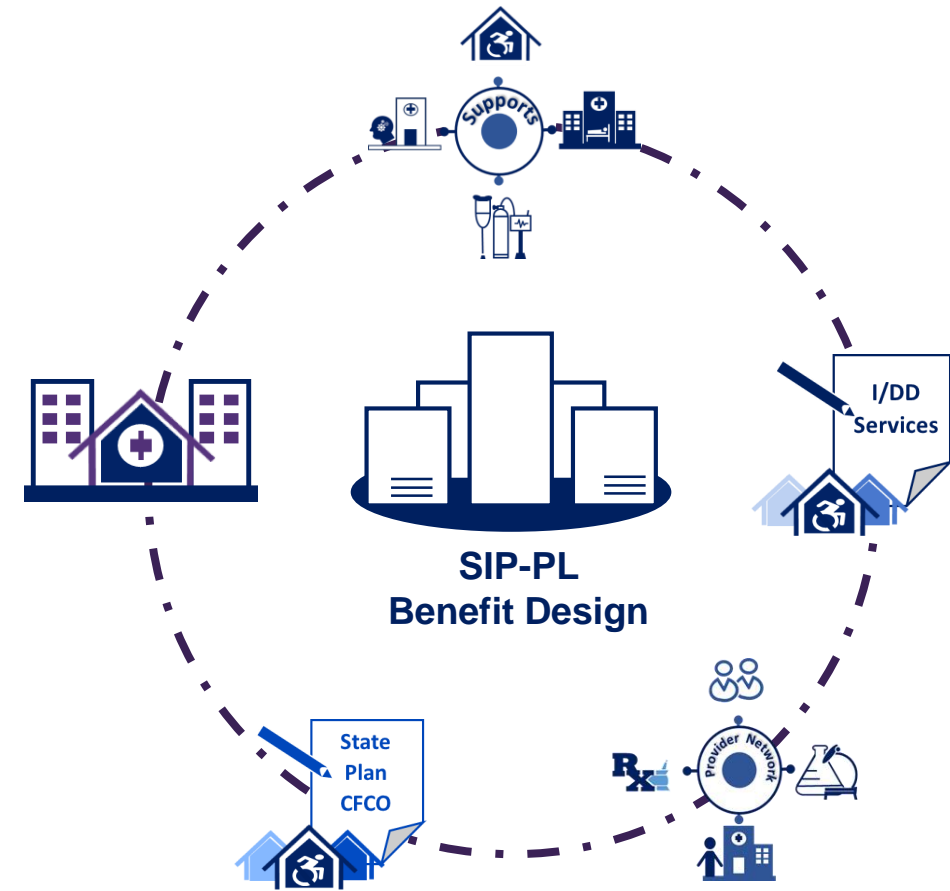
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I/DD Benefits Design

- Benefits are the services or medical coverage provided by a health insurance plan (e.g., MCOs)
- Benefit designs are the rules that structure health care coverage and determine how enrollees can access covered services and providers
- Quality measures should align with the I/DD managed care benefit design:
 - What members are eligible to enroll in managed care?
 - What services are members eligible for?
 - How are services paid for?

I/DD Managed Care Benefits Design

- The benefit design for I/DD managed care is still in development and under consideration by OPWDD
- As that work evolves, the I/DD CAG will level set on the types of quality measures and HIT that could be used to support OPWDD's managed care benefit design and move to VBP



Aligning Measurement with Benefit Design and HIT



Benefit Design

What services will be covered?

- Health care (inpatient and outpatient services)?
- Care coordination or management?
- HCBS (State Plan, Waiver)?



What HIT (data and systems) might be needed to deliver and measure health care provided to individuals with I/DD?

- Claims processing?
- Care coordination or management software?



Quality Measures

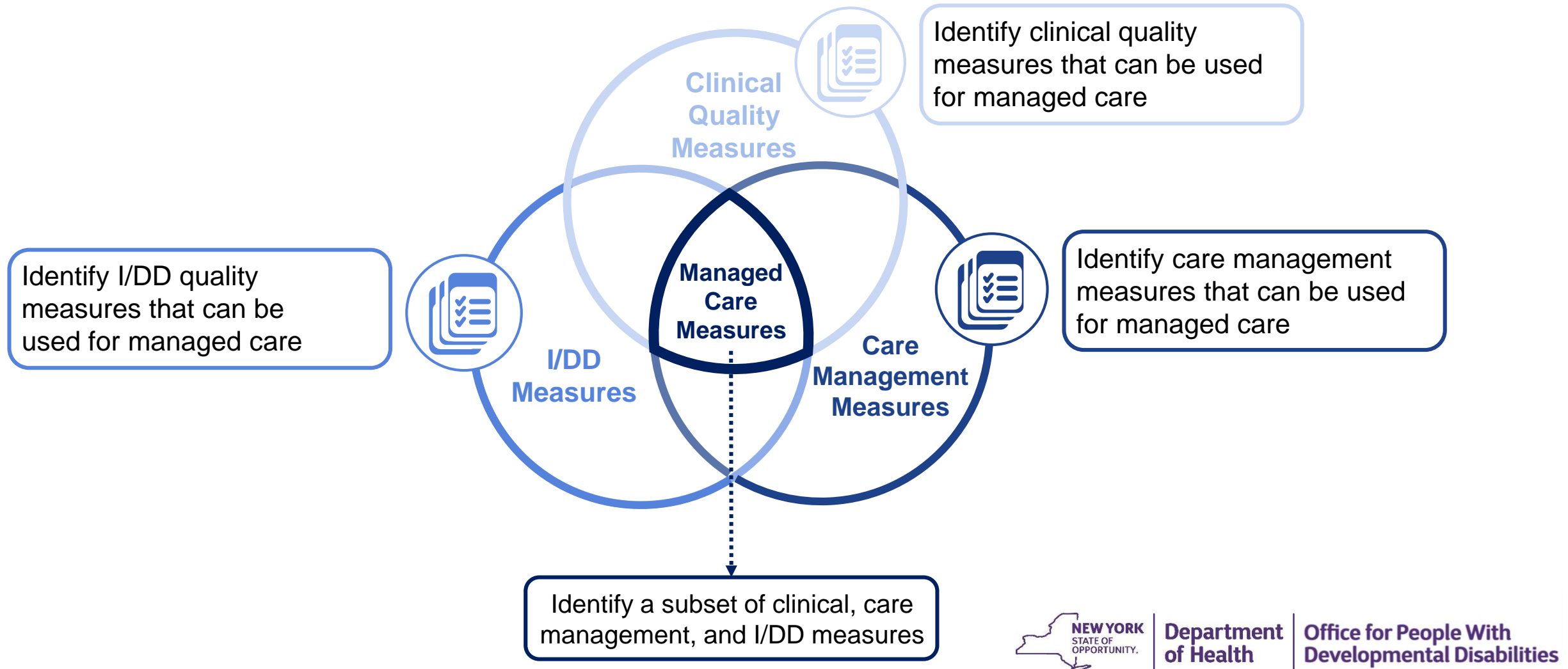
What aspects of covered services and care should be measured and what systems and data can be used to measure it?

- Measure care coordination or management?
- Measure clinical services?

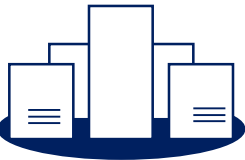
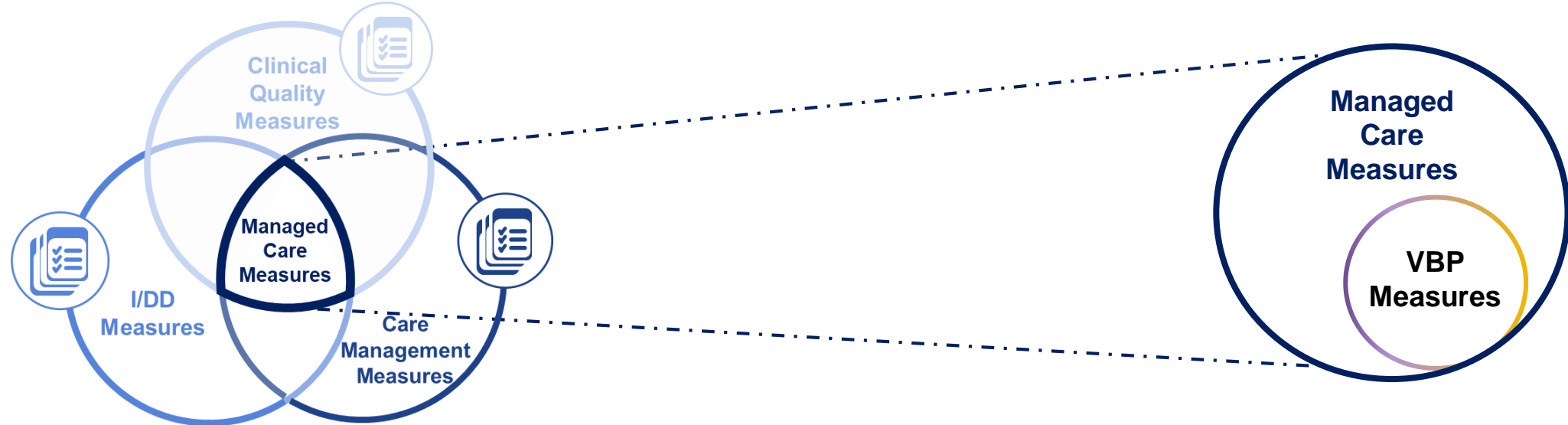
Iterative
Process



Managed Care Quality Measures for I/DD

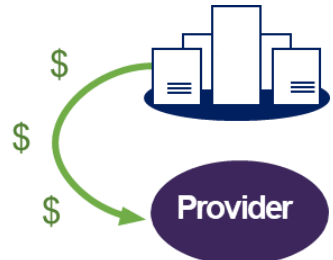


Quality Measures for I/DD VBP Arrangements



Managed Care Measures

Identify a subset of clinical, care management, and I/DD measures



VBP Measures

Identify a subset of clinical, care management, and I/DD measures

Quality Measurement Overview



Quality Measure Types

- Quality measures used to assess the quality of care can be typified (i.e., the Donabedian Model):

Measure Types	Use	Examples
Structural Measures	Assess the physical and organizational factors of where health care happens	<ul style="list-style-type: none"> Ratio of nursing home staffing hours to residents Provider use electronic health records (e.g., Meaningful Use)
Process Measures	Assess the health care activities carried out in the course of patient care	<ul style="list-style-type: none"> Rate of children who had an annual well-child visit in first 15 months of life Rate of people with diabetes who had their HbA1c tested
Outcome Measures	Assess the impact of care or services on patient health status	<ul style="list-style-type: none"> Potentially Avoidable Hospitalizations (PAH) Rate of hospital-acquired infections

Quality Measure Domains

- There are multiple domains of quality measurement:

Measure Domain	Description	Required Data Types	Example Measures Sets
Access to Care	Assesses timely and appropriate health care access for individuals with I/DD.	<ul style="list-style-type: none"> • Claims data and encounter data • Life Plan data • Eligibility and enrollment data 	<ul style="list-style-type: none"> • NCQA HEDIS
Effectiveness of Care	Assesses provision of evidence-based care to ensure proper use of services for individuals with I/DD	<ul style="list-style-type: none"> • Claims data • Eligibility and enrollment data 	<ul style="list-style-type: none"> • NCQA HEDIS
Care Management	Assesses the coordination of services and care reflective of the person-centered care planning process.	<ul style="list-style-type: none"> • Claims data and encounter data • Life Plan data • Care management data 	<ul style="list-style-type: none"> • I/DD HH measures
Experience or Perception of Care	Assesses individuals' with I/DD experience and attitudes about the services and care they receive.	<ul style="list-style-type: none"> • Survey data 	<ul style="list-style-type: none"> • AHRQ CAHPS • CQL POMs • NCI Core Indicators
Administrative and Programmatic	Assesses or evaluates quality performance of health care programs	<ul style="list-style-type: none"> • Program evaluation data 	<ul style="list-style-type: none"> • 1915(c) Waiver reporting

Clinical Measure Sets Overview

Example Measure Sets	Description	What do they measure?	Measure Type/Domain
Healthcare Effectiveness Data and Information Set (HEDIS®)	A comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance.	Health plan performance	<ul style="list-style-type: none"> • Access to Care • Effectiveness of Care
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program	A program of surveys that ask patients to report on their experiences with a range of health care services at multiple levels of the delivery system. ¹	Patients' experience of care	<ul style="list-style-type: none"> • Experience or Perception of Care
Prevention Quality Indicators (PQI)	A set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions."	Ambulatory care quality	<ul style="list-style-type: none"> • Access to Care • Clinical outcomes

¹ – Adapted from [“What are CAHPS Surveys?”](#) from the Agency for Healthcare Research and Quality

Clinical Measure Sets Overview (continued)

Example Measure Sets	Example Measures	Required Data Types
Healthcare Effectiveness Data and Information Set (HEDIS®)	<ul style="list-style-type: none"> Controlling High Blood Pressure (interim-outcome) Colorectal Cancer Screening (process) 	<ul style="list-style-type: none"> Claims Data Eligibility and Enrollment Data Clinical Data from EHR
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program	<ul style="list-style-type: none"> Easy for respondent to get necessary care, tests, or treatment Talk about including family and friends in treatment 	<ul style="list-style-type: none"> CAHPS Survey Data
Prevention Quality Indicators (PQI)	<ul style="list-style-type: none"> Uncontrolled Diabetes Admission Rate Asthma in Younger Adults Admission Rate 	<ul style="list-style-type: none"> Hospital Inpatient Data

I/DD Measure Sets Overview

Example Measure Sets	Description	What do they measure?	Measure Type/Domain
I/DD HH measures	A set of quality measures required of I/DD Health Homes by OPWDD and NYSDOH.	I/DD HH performance	<ul style="list-style-type: none"> Care Management
1915 (c) Waiver Performance Measures	A set of waiver-specific structural, process, and outcome measures agreed upon by the State and CMS to address waiver assurances and sub-assurances.	States ability to meet waiver assurances and program requirements	<ul style="list-style-type: none"> Administrative and Programmatic
Personal Outcome Measures® (POMs)	A set of qualitative indicators used to measure individual quality of life and outcomes from person-centered planning.	Individuals' perception that their defined outcomes are in place	<ul style="list-style-type: none"> Experience or Perception of Care
National Core Indicators (NCI™)	Standard, qualitative measures used across states to assess the outcomes of services provided to individuals and families. ¹	Individuals' perception of care quality	<ul style="list-style-type: none"> Experience or Perception of Care

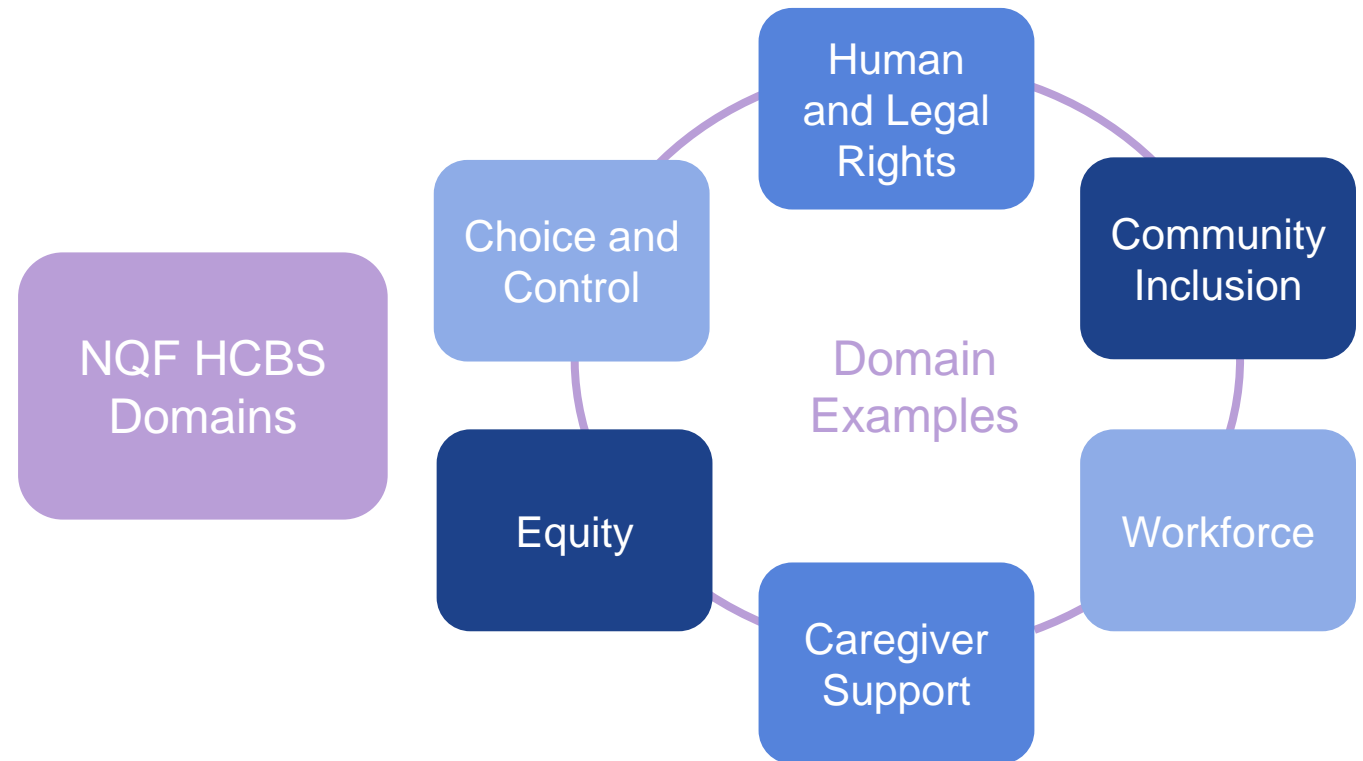
1 – From “[National Core Indicators™](#)” from National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI)

I/DD Measure Sets Overview (continued)

Example Measure Sets	Example Measures	Required Data
I/DD HH measures	<ul style="list-style-type: none"> Implementation of Personal Safeguards reflected in Life Plan Number of I/DD Health Home members enrolled in Self-Direction 	<ul style="list-style-type: none"> Life Plan Data
1915 (c) Waiver Performance Measures	<ul style="list-style-type: none"> Number and percent of required OPWDD Individualized Service Plans (ISPs)/Life Plans (LPs) reviewed for the annual DOH ISP/LP Review sample that was completed annually by OPWDD. The number and percent of ISPs/Life Plans that include an assessment of the health and safety risks of the individual. 	<ul style="list-style-type: none"> Program data Claims data Care/service plan data
Personal Outcome Measures® (POMs)	<ul style="list-style-type: none"> People are connected to natural supports People live in integrated environments 	<ul style="list-style-type: none"> TABS Care Coordination Data
National Core Indicators (NCI™)	<ul style="list-style-type: none"> Proportion of people in each BMI category Proportion of people who reported their staff had adequate training to meet their needs 	<ul style="list-style-type: none"> NCI Adult Consumer surveys NCI Family surveys

Domains for HCBS

- The National Quality Forum (NQF) has also been collaborating with multiple organizations to identify additional domains of quality that can be used to measure HCBS
- Many of these measure domains could be used to support I/DD specific quality measures
- Additional work is needed to finalize measure specifications and expand their use for I/DD managed care and VBP



2016 I/DD CAG Report: Quality Measures

Clinical Measures	
Centers for Medicare & Medicaid Services (CMS)	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
	Proportion of Adults who had blood pressure screened in past 2 years
	Diabetes Composite: Aspirin Use
	Emergent Care for Improper Medication Administration or Medication Side Effects
National Committee for Quality Assurance (NCQA)	Annual Dental Visit (ADV)
	Colorectal Cancer Screening
	Diabetes Composite: Hemoglobin A1c Control (HbA1c) (<8.0%)
	Statin Therapy for Patients With Cardiovascular Disease
	Diabetes Composite: Blood Pressure (BP) <140/90
	Diabetes Composite: Tobacco Non-Use

I/DD Measures	
The Council on Quality and Leadership (CQL) Personal Outcome Measures (POMs®)	People Choose Where and With Whom they Live
	People Choose Where they Work
	People Use their Environments
	People Participate in the Life of the Community
	People have the Best Possible Health
	People Interact with Other Members of the Community
	People Perform Different Social Roles

HIT for Quality Measurement



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HIT Systems

Data System	Description/Purpose	Data Types for Quality Measures	Owner
Health Plans' Claims Systems	A system for managing and paying on electronic claims submitted as EDI transactions either directly from providers through intermediary claims clearinghouses.	Administrative data, such as: <ul style="list-style-type: none"> • Claims data • Eligibility and enrollment data 	MCOs
Electronic Health Records (EHR)	An electronic version of patients' medical history maintained by providers. EHRs include clinical data relevant to a person's care, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. ¹	Clinical data, such as: <ul style="list-style-type: none"> • Problems • Medications • Past medical history 	Providers

¹ – Adapted from “[Electronic Health Records Overview](#)” from the Centers for Medicare & Medicaid Services

HIT Systems (continued)

Data System	Description/Purpose	Data Types for Quality Measures	Owner
Tracking and Billing System (TABS)	<p>An enterprise system that generates claims for state-operated service activities, and tracks program enrollment, state-operated service activities, financial eligibility, and personal information on I/DD individuals and DD providers.</p> <p>CHOICES is a web-based module of TABS for Developmental Disability Regional Offices (DDRO) eligibility and case management. Providers use CHOICES to access eligibility information, manage admission and discharge information, and submit or view assessments.</p>	<p>Administrative data, such as:</p> <ul style="list-style-type: none"> • Program enrollment • Member demographics • Primary I/DD diagnoses and acuity • Service (activity) records <p>Administrative data, such as:</p> <ul style="list-style-type: none"> • Member demographics • Case records 	OPWDD
PSYCKES-Medicaid	<p>The Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid (PSYCKES-Medicaid) that uses administrative data from the NYS Medicaid claims database to generate quality indicators and summarize treatment histories.</p>	<ul style="list-style-type: none"> • Program enrollment • Patient demographics • Service utilization records 	NYSOMH

HIT Systems (continued)

Data System	Description/Purpose	Data Types for Quality Measures	Owner
Life Plan Data System	An OPWDD system that collects Life Plan data from CCOs for monitoring Life Plan quality and calculating I/DD specific health home measures.	<ul style="list-style-type: none"> Member demographics Key Life Plan data elements 	OPWDD
Care Coordination Software	A care coordination system to manage enrollment, documentation, encounters, and records for people with developmental disabilities.	<ul style="list-style-type: none"> Encounter data Member demographics Case management data Data to Support Care Planning (e.g. IAM) 	CCOs

HIT Systems (continued)

Data System	Description/Purpose	Data Types for Quality Measures	Owner
Uniform Assessment System of New York (UAS-NY)	<p>A secure, standardized, automated system of assessments to uniformly assess functional capacity for individuals.</p> <p>OPWDD utilizes the Coordinated Assessment System (CAS), an assessment instrument within UAS-NY, to assess the unique health and support needs of the I/DD population.</p>	<ul style="list-style-type: none"> Member demographics Functional data, including acuity 	NYSDOH
Medicaid Data Warehouse	<p>A comprehensive analytical reporting system and repository of Medicaid data used by data publishers, subscribers, and users.</p>	<ul style="list-style-type: none"> Member demographics Fee-for-service (FFS) claims data Encounter data Eligibility data 	NYSDOH

HIT Systems (continued)

Data System	Description/Purpose	Data Types for Quality Measures	Owner
Statewide Planning and Research Cooperative (SPARCS)	<p>A comprehensive all payer data reporting system that collects patient level detail on patient characteristics, diagnoses and treatments, services, and charges (not costs or payments), for the following:</p> <ul style="list-style-type: none"> • Inpatient • Ambulatory surgery • Emergency department, and • Hospital-based outpatient service visits 	<ul style="list-style-type: none"> • Member demographics • Facility information • Payer information • Hospital inpatient and outpatient discharge data 	NYSDOH
All Payer Database (APD)	<p>A secure database containing medical, pharmacy and dental claims data received from public and private payers, and non-claim-based data from EHRs, public health registries, and surveys.</p>	<ul style="list-style-type: none"> • Member demographics • Encounter data • FFS claim data • Non-claims-based data 	NYSDOH

1 – Adapted from “[Statewide Planning and Research Cooperative System \(SPARCS\)](#)” from the Centers for Medicare & Medicaid Services

Managed Long Term Care (MLTC) Quality Measurement Experience



Managed Long-Term Care VBP Experience

- Partial benefit (Medicaid services), such as:
 - Home care
 - Personal care
 - Transportation
- The VBP Roadmap identifies the Potentially Avoidable Hospitalization (PAH) measure for partially-capitated MLTC will be used as a proxy for Medicare
 - If outpatient care was received in a timely fashion in the community, the inpatient visit could have been avoided
- VBP Arrangements between providers and MLTC Partial Plans must include the PAH measure

Potentially Avoidable Hospitalization (PAH)

- A PAH is defined by any of the following discharge diagnoses:
 - Anemia
 - Congestive Heart Failure
 - Electrolyte imbalance
 - Respiratory infection
 - Sepsis
 - Urinary Tract infection
- NYS based this measure on CMS' Nursing Home Value Based Purchasing Demonstration (<https://innovation.cms.gov/initiatives/Nursing-Home-Value-Based-Purchasing/>)

PAH, continued

- Statewide Planning and Research Cooperative System (SPARCS)
 - All-payer hospital file
 - Primary discharge diagnosis
- For MLTC, DOH calculates PAH for all plan-provider combinations.
 - Plans submit attribution files by August 1.
 - Assigns members to a provider organization (CHHA, LHCSA, SNF)
 - Continuous enrollment criteria at the provider level
 - April 2018 – June 2019 attribution
 - One row per member
 - State will run the PAH measure based on attribution file and report prior year's results to plan by October/November current year
 - In addition to plan-provider, we also provide Statewide, plan, and provider. All based on attribution file

Next Steps




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I/DD CAG Timeline

 **Completed Milestone**
 **Future Milestone**

 **7/1:** OPWDD Waiver Amendment 05 Effective

 **9/16:** 30-day Waiver Comment Period

 **11/1:** Waiver Request Submitted

 **1/1:** CFCO Implementation
 **1/1:** Waiver Renewed

Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan

I/DD CAG #1: May 2019

- I/DD CAG Member Charge and Objectives
- VBP 101 to provide overview of VBP concepts/approach
- OPWDD Transformation Updates to apprise stakeholders of major initiatives OPWDD is currently supporting
- Next Steps for OPWDD to identify short and long term strategies
- Next Steps for I/DD CAG

I/DD CAG #2: September 2019

- I/DD CAG #1 Recap
- Role of benefit design in quality measurement
- Identify feasible measure sets and measures
- Evaluate data systems and data for quality measurement
- Next Steps for I/DD CAG

I/DD CAG #3: December 3, 2019

- Agenda TBD

Additional Key Dates

- The Measure Support Task Force (MSTF) will be meeting on Friday, September 27th from 1:30 – 3:00 pm
 - Please contact Tina.Browne@health.ny.gov to participate in this meeting
- The Steering VBP Workgroup – November 2019 (date is being finalized)

