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Managed Long Term Care (MLTC) Clinical Advisory Group Meeting

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Welcome and Introductions

Welcome and Introductions

- Welcome to the 10th meeting of the MLTC Clinical Advisory Group (CAG)!
  - The last meeting was in June 2019.
- As always, your participation in the MLTC CAG is greatly appreciated & welcome to any new CAG members!

Meeting Purpose and Agenda

Purpose: To discuss the changes to the New York State Long-Term Care VBP initiative and the quality measures for Measurement Year 2021 (MY 2021)

Agenda:

- Welcome and Introductions
- Updates and changes
- Changes to the NYS Long-Term Care VBP Initiative
- MLTC VBP Quality Measures for MY 2021
- CAG feedback and Questions

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Latest Updates

- The Department recently released two emails regarding quality measure guidance for MLTC VBP contracts:
  - ➢ August 27, 2020:
    - o Only the PAH measure can be computed by DOH because reassessments with the UAS-NY Community Health Assessment are on hold.
  - ➢ September 17, 2020:
    - o Partial plans in a Level 2 or higher arrangement are only required to use PAH in their 2020 contracts.

- Assessments of MLTC enrollees are moving to annual from semi-annual
  - ➢ Quality measurement will only be annual

Changes to the NYS Long-Term Care VBP Initiative

- Phase out of MLTC Partial (MLTCP) plans as a result of the enacted SFY 2020-21 Budget.
  - *The Department is not imposing any broader VBP expectations on MLTCP plans and understands that determinations will be made individually by MLTCP plans in collaboration with their providers regarding VBP contracting.*
- Plans are encouraged to continue to submit VBP arrangements for MAP & PACE consistent with standards outlined in the VBP Roadmap, and the Provider Contract Guidelines for Article 44 MCOs, IPAs, and ACOs.
- Due to the impact of COVID-19 on performance metrics and the expiration of DSRIP, the Department is not imposing penalties at this time.
  - *Principles and standards of the VBP Roadmap remain the same for plans that elect to enter into VBP arrangements.*

For more information on VBP for MLTC post DSRIP, please visit:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2020/post_dsrip_mltc_plans_faqs.htm

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2021 MLTC Fully Capitated Plans Measure Set – MAP

MAP Required Category 1 Measures – MY 2021

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

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2021 MLTC MAP 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 experience falls that resulted in major or minor injury 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
‡ 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

2021 MLTC MAP 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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2021 MLTC MAP 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
Percent of long stay residents who self– report moderate to severe pain‡	MDS 3.0/CMS	P4P

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2021 MLTC Fully Capitated Plans Measure Set – PACE

PACE Required Category 1 Measures - MY 2021

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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MLTC VBP Quality Measure Reporting for Fully Capitated Plans (MAP & PACE)

For all measures specific to MAP 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, plans will report measures for Plan/Provider-VBP Contractor attribution combinations
- For PACE, PACE organizations will report measures for the PACE **ONLY** if the PACE has a VBP contract with an outside contractor.

The instructions for reporting will be added to the *2021 Value Based Payment Reporting Requirements Technical Specifications Manual*

For all measures recommended for P4P use for VBP purposes for MAP and PACE (see slide 14):

- Category 1 VBP measures selected by MAP 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.

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Misconceptions and Best Practices

- The Potentially Avoidable Hospitalization (PAH) measure for VBP is **NOT** the PAH measure used in the MLTC Quality Incentive (MLTC QI). The MLTC QI is accounting for the full MLTC population while VBP is a subset.
- Skilled Nursing Facility - PAH is the unadjusted PAH from the Nursing Home Quality Initiative Open Data dataset.

CAG Feedback

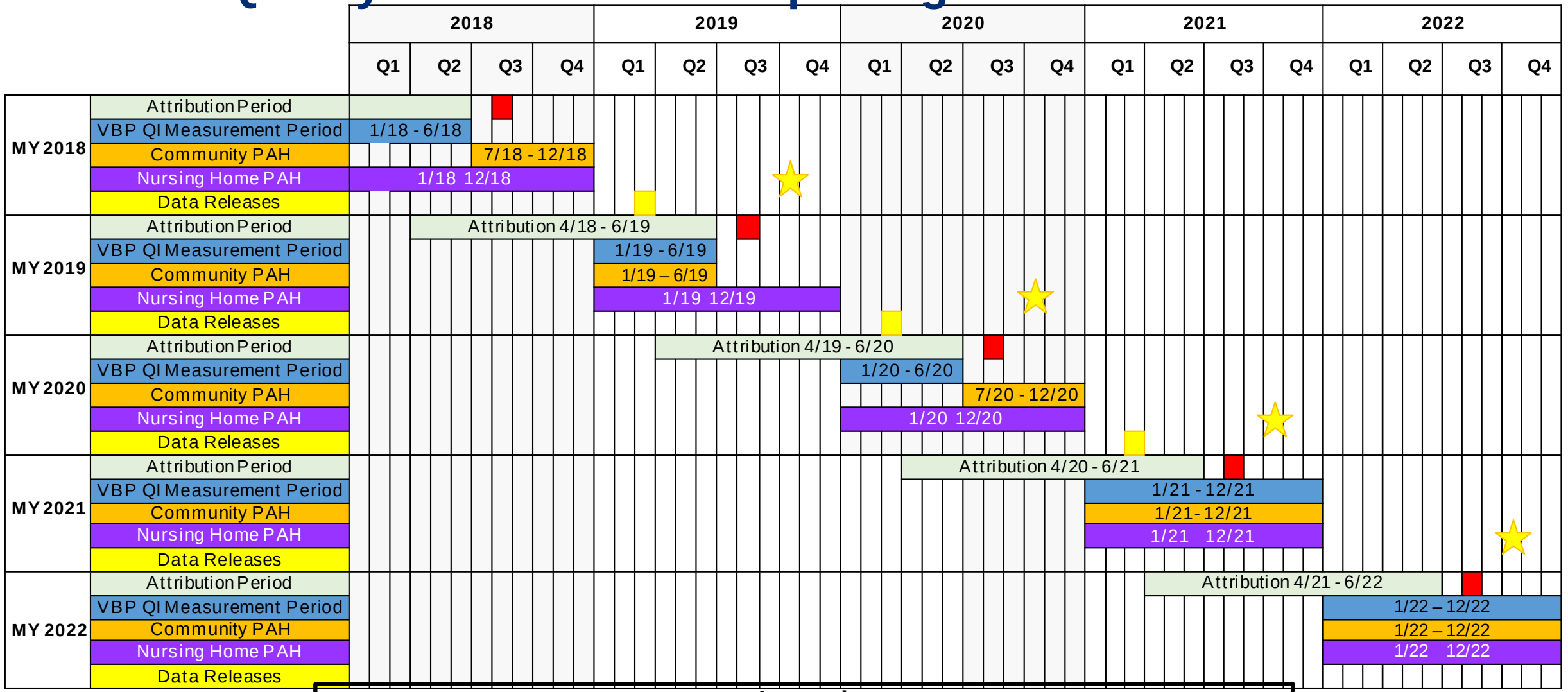
Please share your feedback on the MLTC VBP quality measure sets for Measurement Year 2021 by **COB, Monday, December 14, 2020** to: MLTCVBP@health.ny.gov

Next Steps & Closing Remarks

- **Key Milestones:** December 2020 → MY 2021 Measure Set Released
- As always, questions and comments may be directed to **mltcvbp@health.ny.gov**
- Many thanks for participating in the MLTC VBP CAG!

Appendix

MLTC VBP Quality Measure Data Reporting Timeline



Legend

- Attribution file due to DOH
- Preliminary Community Potentially Avoidable Hospitalizations (PAH) data released
- Final VBP Category 1 measures, including PAH released

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