



**Department
of Health**

Managed Long Term Care (MLTC) Clinical Advisory Group Meeting

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March 2022

Welcome and Introductions

Meeting Purpose and Agenda

Purpose:

To provide program updates and discuss the quality measures for Measurement Year 2022

Agenda:

- Welcome and Introductions
- Program Updates
- MLTC VBP Quality Measures for MY 2022
- CAG feedback and Questions

Program Updates - Fully Capitated MLTC

- As of December 2021: Due to COVID-19 public health emergency, the calculation of the MLTC VBP Category 1 measures, except for the Potentially Avoidable Hospitalization (PAH) measure, is not currently possible. As a result, both parties, plan, and provider, should pre-plan how to evaluate VBP contracts with only PAH available. The other VBP Category 1 measures can be included once the Department resumes processing.
- The PAH measures used the Department's Statewide Planning and Research Cooperative System (SPARCS) data, due to COVID-19 the compliance enforcement for 2020 was paused, that has now resumed but caused delays. Jan – June 2020 and July – December 2020 rates will be released by end of March 2022.
- Starting with 2022, quality measures will only be calculated on an annual basis.
- Plans are encouraged to continue to submit VBP arrangements for MAP & PACE consistent with standards outlined in the VBP Roadmap.
- Principles and standards of the VBP Roadmap remain the same.

March 2022

Program Updates - Partially Capitated MLTC

- For the remaining 2020 Partial contracts, the calculation of the MLTC VBP Category 1 measures is not currently possible. Only the Potentially Avoidable Hospitalization (PAH) measure will be calculated, Jan – June 2020 and July – December 2020 rates will be released by end of March 2022.
- NYS encourages MLTCP plans to examine the outcomes and impacts of their current VBP contracts upon expiration and to make an informed determination as to whether such arrangements should be renewed or expanded, or whether to enter new VBP arrangements. NYS is not imposing any broader expectations on MLTCP plans.
- Principles and standards of the Roadmap remain the same.

March 2022

2022 MLTC Fully Capitated Plans Measure Set – MAP

MAP Required Category 1 Measures – MY 2022

Measures	Measure Source/ Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed*	NCQA/ HEDIS	NQF 0055	P4R
Kidney Health Evaluation for Patients with Diabetes*	NCQA/ HEDIS		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 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

2022 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

2022 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

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

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2022 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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2022 MLTC Fully Capitated Plans Measure Set – PACE

PACE Required Category 1 Measures - MY 2022

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 Full Cap Plans

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 2022 Value Based Payment Reporting Requirements Technical Specifications Manual

For all measures recommended for P4P use for VBP purposes for MAP and PACE (see slide 13)

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.

All Category 2 MLTC VBP measures may be used at the discretion of the contractual parties.

CAG Feedback

Please share your thoughts on the VBP quality measure set for Measurement Year 2022.

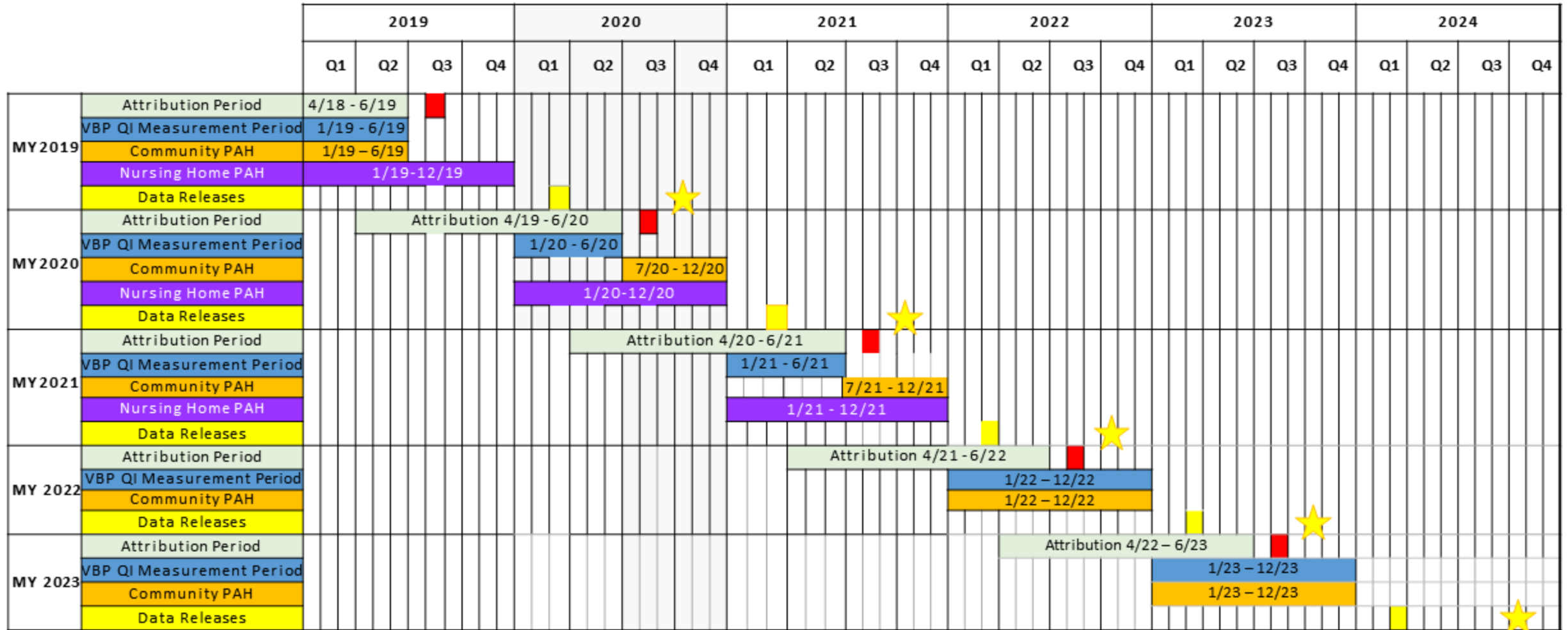
Please submit your feedback by COB April 7, 2022
to: mltcvbp@health.ny.gov

Next Steps and Closing Remarks

- **Key Milestones**
 - April 2022– MY 2022 Measure Set Released
 - April 2022 – MLTC VBP Reporting Specifications will be released
- Questions and Comments
 - As always, questions and comments may be directed to mltcvbp@health.ny.gov
- Many thanks for participating in the MLTC 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